

STATE OF NEW JERSEY

EMD GUIDECARD LAYOUT

Version - August 1998

All Callers →

Traumatic Incident Types (Pink Tabs) →


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Miscellaneous →

State of New Jersey

Emergency Medical Dispatch Guidecards



Approved by the
State of New Jersey Department of Health and Senior Services
Office of Emergency Medical Services

Adopted by the
State of New Jersey Department of Law and Public Safety
Division of State Police
Office of Emergency Telecommunications Services
August 1998

9-1-1

NEW JERSEY'S
LIFELINE

ALL CALLERS INTERROGATION	ANIMAL BITES
ASSAULT / SEXUAL ASSAULT	BLEEDING / LACERATION
BURNS	EYE PROBLEMS / INJURIES
FALL VICTIM	HEAT / COLD EXPOSURE
INDUSTRIAL ACCIDENT	STABBING / GUNSHOT VICTIM
TRAUMATIC INJURY	VEHICULAR RELATED INJURIES
ABDOMINAL PAINS	ALLERGIES / STINGS
BACK PAIN	BREATHING PROBLEMS
CHEST PAIN	DIABETIC PROBLEMS
HEADACHE	HEART PROBLEMS
OD / POISONINGS / INGESTIONS	PSYCHIATRIC / BEHAVIORAL PROBLEMS
SEIZURES / CONVULSIONS	SICK PERSON
STROKE / CVA	UNKNOWN / MAN DOWN
CO POISONING / HAZMAT	CARDIAC ARREST
ADULT CPR INSTRUCTIONS ☎	ADULT CPR INSTRUCTIONS (CONT.)
CHILD CPR INSTRUCTIONS ☎	CHILD CPR INSTRUCTIONS (CONT.)
INFANT CPR INSTRUCTIONS ☎	INFANT CPR INSTRUCTIONS (CONT.)
LARYNGECTOMY/TRACH CPR INST. ☎	LARYNGECTOMY/TRACH CPR (CONT.)
CHOKING	ADULT CHOKING INSTRUCTIONS ☎
CHILD CHOKING INSTRUCTIONS ☎	INFANT CHOKING INSTRUCTIONS ☎
INFANT CHOKING INSTRUCTIONS (CONT.)	DROWNING (POSSIBLE)
ELECTROCUTION	PREGNANCY / CHILDBIRTH
CHILDBIRTH INSTRUCTIONS ☎	UNCONSCIOUS / FAINTING
UNCONSCIOUS AIRWAY CONTROL ☎	AEROMEDICAL DISPATCH PROCEDURE
SAMPLE GUIDECARD / DESCRIPTION	

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9-1-1 NEW JERSEY'S
LIFELINE

Traumatic Incident Types

ANIMAL BITES
ASSAULT / SEXUAL ASSAULT
BLEEDING / LACERATION
BURNS
EYE PROBLEMS / INJURIES
FALL VICTIM
HEAT / COLD EXPOSURE
INDUSTRIAL ACCIDENT
STABBING / GUNSHOT VICTIM
TRAUMATIC INJURY
VEHICULAR RELATED INJURIES

Medical Chief Complaint Types

ABDOMINAL PAINS
ALLERGIES/STINGS
BACK PAIN
BREATHING PROBLEMS
CHEST PAIN
DIABETIC PROBLEMS
HEADACHE
HEART PROBLEMS
OD/POISONINGS/INGESTIONS
PSYCHIATRIC / BEHAVIORAL PROBLEMS
SEIZURES / CONVULSIONS
SICK PERSON
STROKE / CVA
UNKNOWN / MAN DOWN

GUIDECARD INDEX

Time / Life-Critical Events

CO POISONING / HAZMAT
CARDIAC ARREST
- ADULT CPR INSTRUCTIONS
- CHILD CPR INSTRUCTIONS
- INFANT CPR INSTRUCTIONS
- LARYNGECTOMY/TRACHEOSTOMY CPR INSTRUCTIONS
CHOKING
- ADULT CHOKING INSTRUCTIONS
- CHILD CHOKING INSTRUCTIONS
- INFANT CHOKING INSTRUCTIONS
DROWNING (POSSIBLE)
ELECTROCUTION
PREGNANCY / CHILDBIRTH
- CHILDBIRTH INSTRUCTIONS
UNCONSCIOUS / FAINTING
- UNCONSCIOUS AIRWAY CONTROL (NON-TRAUMA) INSTRUCTIONS
- UNCONSCIOUS AIRWAY CONTROL (TRAUMA) INSTRUCTIONS

Miscellaneous

AEROMEDICAL DISPATCH PROCEDURE
SAMPLE GUIDE CARD LAYOUT WITH DESCRIPTION

1. Where is your emergency? (Address or Location)

2. What is the number you are calling from?

3. What is the problem?

4. What is your name?

5. Is the patient conscious? (Able to talk)

NO

YES

Determine age, sex, chief complaint and turn to appropriate card. **DON'T hang up**

Dispatch **ALS & BLS**, advise caller help has been dispatched.

6. Is the patient breathing **NORMALLY**?

NO

YES

UNCERTAIN

GO and **SEE** if the chest rises, then come back to the phone.

Go directly to **Unconscious / Fainting Card**.

7. Do you want to do
CPR?
... I'll help you.

YES

NO

Go to **CPR Instructions** for appropriate age group.

I have dispatched help. Don't hang up.

ALL CALLERS INTERROGATION - Page 1 of 1 (8/98)

ANIMAL BITES

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Key Questions

Is the animal contained?
What type of animal bit the patient?
Is the patient short of breath or does it hurt to breathe?
What part of the body was bitten?
Is the patient bleeding?
Does the bleeding stop when you apply pressure?
How long ago did they receive the bite?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Uncontrolled bleeding.
Serious neck or face bites.
Bites from poisonous animals.

Controlled bleeding.
Swelling at bite site.
Bite below neck, non-poisonous.

ANIMAL BITES

Pre-Arrival Instructions

Contain the animal, if possible.
Keep patient calm and still.
If bleeding, use clean cloth and apply pressure directly over it.
If cloth becomes soaked, do not remove, add to what is already there.
Use care not to obstruct the airway or breathing.
Elevate bleeding extremities.
For snake bites;
 Do not elevate extremity.
 Do not use ice.
 Do not attempt to remove venom.
Lock away any pets.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
Has law enforcement been notified?
Has Animal Control been notified?

**FOLLOW AEROMEDICAL
DISPATCH GUIDELINES**



Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

ASSAULT / SEXUAL ASSAULT

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Is the assailant nearby?
What was the patient assaulted with?
Describe what happened.
Where is the patient injured?
Is the patient bleeding?
 If yes,
 How much?
 How long?
 Can it be controlled with pressure?
Can the patient answer your questions?

SIMULTANEOUS ALS/BLS

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Unconscious/not breathing normally.
Decreased level of consciousness.
Penetrating/crushing injury (except to hands or feet.)
Multiple extremity fractures.
Femur (thigh) fracture.
Uncontrolled bleeding.

BLS DISPATCH

Penetrating/crushing injury to hands or feet.
Isolated extremity fracture.
Minor injuries.
Unknown injuries.
Concerned caller without apparent injuries to victim.
Police request stand-by/check for injuries.

ASSAULT / SEXUAL ASSAULT

Pre-Arrival Instructions

Remain in a safe place, away from the assailant.
Do not remove or touch impaled object.
Have patient lie down and keep calm.
Do not touch weapons.
If bleeding, use clean cloth and apply pressure directly over it. If cloth becomes soaked, do not remove, add to what is already there. Use care not to obstruct the airway or breathing.
Advise patient not to change clothing, bathe or shower.
Keep patient warm.
Gather patient medications, if possible.
Do not allow the patient any food or drink.
Lock away any pets.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Has law enforcement been notified?

FOLLOW AEROMEDICAL DISPATCH GUIDELINES



Short Report

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BLEEDING / LACERATION

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Key Questions

Is patient alert?
Is patient breathing normally?
Where is the bleeding from?
If vaginal, is she pregnant?
Is blood squirting out?
Is the patient a hemophiliac (a bleeder)?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Any arterial bleeding.
Hemophilia.
Rectal bleeding
Vomiting blood or coffee ground material.
Bleeding from mouth with difficulty breathing.
Bleeding from the neck, groin, or armpit.
Vaginal bleeding if over 20 weeks pregnant.
Vaginal bleeding associated with lower abdominal pain or fainting.

BLS DISPATCH

Minor bleeding from any other area.

BLEEDING / LACERATION

Pre-Arrival Instructions

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.

If nosebleed, tell the patient to apply direct pressure by pinching the nose tightly between their index finger and thumb, sit forward and hold it until help arrives. Attempt to spit out blood, swallowing may make patient nauseous.

Advise patient not to move.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

Gather patient medications, if possible.

If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

FOLLOW AEROMEDICAL DISPATCH GUIDELINES



Short Report

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BURNS

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Key Questions

How was the patient burned?

THERMAL Is anything on the patient still burning?

ELECTRICAL Is the patient still in contact with the electric source?

How was patient electrocuted?

If household, was it the stove, clothes dryer or other 220 volt source?

CHEMICAL What chemical caused the burn?

Can the patient answer your questions?

Is the patient short of breath or does it hurt to breathe?

Is the patient having difficulty swallowing?

Where is the patient burned?

If head or face:

_ Are they coughing?

_ Are their nose hairs burned?

_ Are there burns around their mouth and nose?

If male, is any facial hair burned?

Are there any other injuries?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.

Decreased level of consciousness.

Burns to airway, nose, mouth.

Hoarseness, difficulty talking or swallowing.

Burns over 20% of body surface.

Electrical Burns/electrocution from 220 volts or greater power lines/panel boxes.

BLS DISPATCH

Less than 20% body surface burned.

Spilled hot liquids.

Chemical burns to eyes.

Small burn from match, cigarette.

Household electric shock.

Battery explosion.

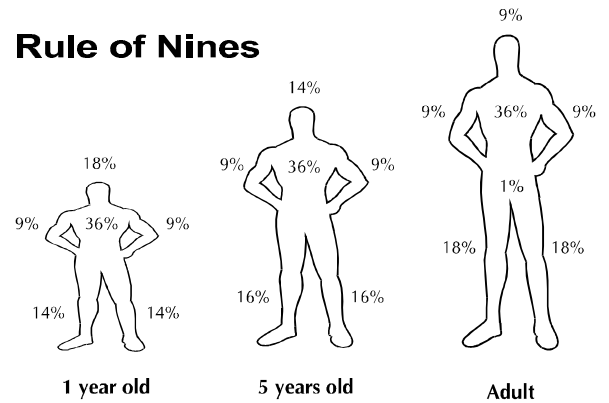
Freezer burns.

BURNS

Pre-Arrival Instructions

Turn power off, (if safe).
 Have patient remove contaminated clothing, if possible.
 If chemical, get information on chemical (MSDS Sheet if available).
 If chemical is powder, brush off, no water.
 Flush chemical burns from eyes. Remove contact lenses if present.
 Place burned area in cool water (not ice), if convenient.
 Gather patient medications, if possible.
 If the patient's condition changes, call me back.

Rule of Nines



Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
 If unconscious, NOT breathing normally, go to CPR for appropriate age group.
 Dispatch Fire Department, according to local protocol.



Short Report

Age
 Sex
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EYE PROBLEMS / INJURIES

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K Is patient alert?
e Is patient breathing normally?
y What caused the injury?
 Chemicals
 Foreign object
Q Impaled object
u Direct blow
e Flying object
s Welding/near welder
t Is eyeball cut open or leaking fluid?
i Are there any other injuries?
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SIMULTANEOUS ALS/BLS

BLS DISPATCH

D Unconscious/not breathing normally.
i Decreased level of consciousness.
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Any eye injury.

EYE PROBLEMS / INJURIES

Pre-Arrival Instructions

Do not remove any penetrating objects.
If eyeball is cut or injured, do not touch, irrigate, or bandage.
If a chemical injury, flush immediately with water. Continue until help arrives. Remove contact lenses.
Advise patient not to move.
Have patient SIT down.
Cover patient with blanket and try to keep them calm.
Nothing to eat or drink
Gather patient medications, if possible.
If the patient's condition changes, call me back.

Prompts

Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL

Age
Sex
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FALL VICTIM

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Is patient breathing normally?
Is patient alert?
How far did the patient fall?
What kind of surface did the patient land on?
Are there any obvious injuries? What are they?
Did the patient complain of any pain or illness just prior to the fall?
Is the patient able to move their fingers and toes?
(Do not have them move any other body part).
Is the patient bleeding?
If yes,
 _ From where?
 _ Is it controlled?
 _ How much?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

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Unconscious/not breathing normally.
Decreased level of consciousness.
Falls greater than 10 feet.
Falls associated with or preceded by, pain, discomfort in chest, dizziness, headache, or diabetes.
Patient paralyzed.
Uncontrolled bleeding.
Multiple extremity fractures
Femur (thigh) fracture.

Unconscious, but now conscious without critical symptoms.
Falls less than 10 feet.
Neck or back pain without critical symptoms.
Controlled bleeding.
Cuts, bumps, or bruises.
Patient assist.
Involved in accident, no complaints.
Isolated extremity fracture.

FALL VICTIM

Pre-Arrival Instructions

Turn off any machinery.
Do not move the patient if there are no hazards
Advise patient not to move
Cover patient with blanket and try to keep them calm.
No food or drink.
If bleeding, use clean cloth and apply pressure directly over it. If cloth becomes soaked, do not remove, add to what is already there. Use care not to obstruct the airway or breathing.
Gather patient medications, if possible.
If the patient's condition changes, call me back.

Prompts

Is Rescue needed?
If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

FOLLOW AEROMEDICAL DISPATCH GUIDELINES



Short Report

Age
Sex
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HEAT / COLD EXPOSURE

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Key Questions

Is patient alert?
Is patient breathing normally?
What happened?
What was the source of the heat or cold?
What was the length of exposure?
Does the patient have any complaints?
Is the patient complaining of pain? If so where?
Can the patient talk in full sentences?
Does the patient respond to you and follow simple commands?
Can the patient answer your questions? Is the patient acting normal for him or her?
If not, what is different?
Is the patient sweating profusely?
How does the patient act when he/she sits up?
Is the patient dizzy, weak, or feeling faint?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Confused/disoriented.
Fainting (Syncope).
Cold Water Submersion

BLS DISPATCH

Patient with uncontrollable shivering.
Heat Exhaustion with no critical symptoms

HEAT / COLD EXPOSURE

Pre-Arrival Instructions

Remove from hot/cold environment as necessary.
If patient is cold and dry, cover patient.
If patient is cold and wet, remove clothing and cover patient.
If patient is over-heated, loosen clothing to assist cooling.
Nothing by mouth if there is a decrease of consciousness.
Do not rub frostbitten extremities.
Gather patient medications, if possible.
If the patient's condition changes, call me back

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

INDUSTRIAL ACCIDENTS

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Is patient alert?
Is patient breathing normally?
Are there any obvious injuries? What are they?
What part of the body has been amputated?
Do you have the amputated parts?
Is the patient able to move their fingers and toes?
(Do not have them move any other parts of their body).
Is the patient bleeding?
If yes,
From where?
Is it controlled?
How much?
Is the patient entrapped?

SIMULTANEOUS ALS/BLS

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Unconscious/not breathing normally.
Decreased level of consciousness.
Accident with crushing or penetrating injury to; head, neck, torso, thigh.
Patient entrapped. PROMPT (Dispatch Rescue Unit)
Amputation other than finger/toes.
Patient paralyzed.
Uncontrolled bleeding.
Multiple extremity fractures
Femur (thigh) fracture.

BLS DISPATCH

Unconscious, but now conscious without critical symptoms.
Amputation/entrapment of fingers/toes.
Neck or back pain without critical symptoms.
Controlled bleeding.
Cuts, bumps, or bruises.
Patient assist.
Involved in accident, no complaints.

INDUSTRIAL ACCIDENTS

Pre-Arrival Instructions

If machinery involved, turn it off (attempt to locate maintenance person).

Do not move patient if there are no hazards.

Advise patient not to move.

Do not enter a confined space to tend to the patient.

Have someone meet the ambulance to guide them to the patient.

Cover patient with blanket and try to keep them calm.

Nothing to eat or drink.

If bleeding, use clean cloth and apply pressure directly over wound. Do not remove. If cloth becomes soaked, add more to what is already there.

Locate any amputated parts and place in clean plastic bag, not on ice.

If teeth, place them in milk.

If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY-AIRWAY CONTROL

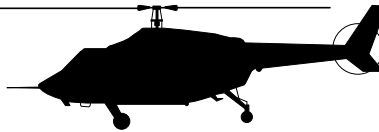
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Is Rescue needed?

Is Fire Department needed?

Is Aeromedical Evacuation needed?

**FOLLOW AEROMEDICAL
DISPATCH GUIDELINES**



Short Report

Age

Sex

Specific location

Chief complaint

Pertinent related symptoms

Medical/Surgical history, if any

Other agencies responding

Any dangers to responding units

STABBING / GUNSHOT VICTIM

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When did this happen?

If recent, is assailant still nearby?

Is there a weapon present?

Is patient alert?

Is patient breathing normally?

Is there more than one person injured?

Is there more than one wound?

What part(s) of the body is injured?

Is there serious bleeding?

SIMULTANEOUS ALS/BLS

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Unconscious/not breathing normally.

Decreased level of consciousness.

Uncontrolled Bleeding

Leg injury above the knee.

Wounds to head or trunk of body.

Multiple Casualty Incident Criteria.

BLS DISPATCH

Wounds to the arms or on the leg below the knee.

STABBING / GUNSHOT VICTIM

Pre-Arrival Instructions

Tell caller to remain safe (beware of assailant).
Do not disturb the scene or move weapons.
Do not pull out any penetrating weapons.
If bleeding, use clean cloth and apply pressure directly over wound. Do not remove.
If cloth becomes soaked, add more to what is already there.
Have the patient lie down and remain calm.
Keep the patient warm.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Has law enforcement been notified?
Advise responders when scene is secure.

FOLLOW AEROMEDICAL DISPATCH GUIDELINES



Short Report

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Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

TRAUMATIC INJURY

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Key Questions

Is patient alert?
Is patient breathing normally?
How was the patient injured?
Where is the patient injured?
Is the suspect still present?
Describe what happened.
Is the patient bleeding?
 If yes,
 How much?
 How long?
 Can it be controlled with pressure?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Penetrating/crushing injury (except to hands or feet.)
Multiple extremity fractures
Femur (thigh) fracture.
Uncontrolled bleeding.

BLS DISPATCH

Penetrating/crushing injury to hands or feet.
Unknown or internal injuries.
Minor injuries
Concerned caller without apparent injuries to victim.
Isolated extremity fracture.
Police request stand-by/check for injuries.

TRAUMATIC INJURY

Pre-Arrival Instructions

Do not move patient, unless there are hazards.
Do not remove or touch impaled object.
If bleeding, use clean cloth and apply pressure directly over it.
If cloth becomes soaked, do not remove, add to what is already there.
Use care not to obstruct the airway or breathing.
Keep patient warm.
Do not disturb anything.
Gather patient medications, if possible.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Is law enforcement needed?

FOLLOW AEROMEDICAL DISPATCH GUIDELINES



Short Report

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VEHICULAR RELATED INJURIES

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Key Questions

Is patient alert?
Is patient breathing normally?
Did you stop or drive by?
How many patients are injured?
Can the patient(s) describe where their pain is located?
What type of vehicle(s) are involved?
Describe what happened?
Are all of the patients free of the vehicle?
Is anyone trapped in the vehicle?
Was anyone thrown from the vehicle?
Are there any hazards present?
Fire
Water
HazMat
Wires down

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Chest pain prior to accident.
Confirmed or unknown injuries with following mechanisms:
Vehicle (car/motorcycle) vs. immovable objects.
Vehicles involved in head-on or T-bone collision.
Car vs. pedestrian.
Car vs. motorcycle or bicycle.
Patient(s) trapped.
Patient(s) ejected.
Vehicle roll over.
Multiple Casualty Incident

BLS DISPATCH

Accident with injury, no critical criteria.
Police request stand-by/check for injuries.

VEHICULAR RELATED INJURIES Pre-Arrival Instructions

Do not move patient unless there are hazards.
 If bleeding, use clean cloth and apply pressure directly over wound.
 Do not remove cloth. If cloth becomes soaked, add more to what is already there.
 Gather patient medications, if possible.
 If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
 If unconscious, NOT breathing normally, go to CPR for appropriate age group.
 Has law enforcement been notified?
 Is Rescue needed?
 Is the Fire Department needed?



Short Report

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ABDOMINAL PAIN

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Is patient alert?
 Is patient breathing normally?
 Is the pain due to an injury to the patient?
 Has the patient vomited? If yes, What does the vomit look like?
 Are the patient's bowel movements different than normal?
 If yes, How would you describe them?
 Is the pain above the belly button?
 If the patient is a woman between 12-50 years, ask Could she be pregnant?
 Has she said she felt dizzy?
 Has there been vaginal bleeding? If yes, how much?
 How does the patient act when he/she sits up?
 Does the patient have any other medical or surgical history?
 Is the patient wearing a Medic Alert tag? If yes, what does it say?

SIMULTANEOUS ALS/BLS

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Vomiting blood (red/dark red) or coffee ground-like substance.
 Black tarry stool.(Caution: Could be a resultant from diet supplements)
 Lower abdominal pain, woman 12-50 years (if associated with dizziness or fainting or heavy vaginal bleeding).
 Upper abdominal pain with prior history of heart problem.
 Abdominal pain with fainting or near fainting, patient over 50 yrs.
 Fainting/near fainting when sitting. (hypotension)

BLS DISPATCH

Pain with vomiting.
 Flank pain (Kidney stone).
 Abdominal (non-traumatic).
 Pain unspecified

ABDOMINAL PAIN

Pre-Arrival Instructions

Nothing to eat or drink.
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/ BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

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ALLERGIES / STINGS

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Key Questions

Is patient alert?
Is patient breathing normally?
What is the patient complaining of?
Is the patient having difficulty swallowing?
How does the patient act when they sit up?
Does the patient have a rash or hives?
Is the patient complaining of itching?
Does the patient have a history of a reaction to anything?
 If Yes:
 _ Describe the reaction the patient had before.
 _ How long ago was the patient exposed?
Are the symptoms getting worse?
Is the patient wearing a Medic Alert tag?
 _ If yes, what does it say?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Difficulty swallowing.
Cannot talk in full sentences.
Swelling in throat or on face.
Fainting.
History of severe reaction.
Generalized hives with difficulty breathing.
Itching, hives, no difficulty breathing.

BLS DISPATCH

Call delayed longer than 30 minutes with history of reaction.
Concern about reaction, but no history.
Reaction present for long time (hours), no difficulty breathing.

ALLERGIES / STINGS

Pre-Arrival Instructions

Have the patient rest in the most comfortable position.
Keep neck straight – remove pillows.
Watch patient for signs of respiratory depression, or cardiac arrest.
Keep calm.
Brush the stinger off, if possible. Do not attempt to grasp stinger.
Ice to sting.
Gather patient medications, if any.
Do you have reaction kit? If yes, have you used it? Use as the physician has directed.
If the patient's condition changes, call me back.

Prompts

Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

BACK PAIN

State of New Jersey EMD Guidecards Version 8/98

Key Questions

Is patient alert?
Is patient breathing normally?
Is the pain due to an injury to the patient?
Has the patient felt dizzy or fainted?
Does the patient have any other medical or surgical history?
Is the patient wearing a Medic Alert tag? If yes, what does it say?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Non-traumatic back pain with prior history of heart problem.
Back pain with fainting or near fainting, patient over 50 yrs.

Flank pain/back (Kidney stone).
Back pain (non-traumatic).
Back pain unspecified.
Chronic back pain.

BACK PAIN**Pre-Arrival Instructions**

If the pain is due to an injury, tell the patient not to move unless hazards are present
Nothing to eat or drink.
Have the patient rest in the most comfortable position.
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts**Short Report**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

BREATHING PROBLEMS

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
Is the patient able to speak in full sentences?
Does the patient have to sit up to breathe?
Is the patient experiencing any other problems right now?
Has the patient ever had this problem before?
What was the patient doing just prior to when he/she became short of breath?
If sudden onset:
 Has the patient been hospitalized recently for childbirth or a broken leg?
If female, does the patient take birth control pills?
Could the patient be having an allergic reaction?
Is the patient drooling or having a hard time swallowing?
Are they on asthma medication, or ever used them?
Does the patient have any other medical or surgical history?
Is the patient on oxygen?

SIMULTANEOUS ALS/BLS**BLS DISPATCH****D
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Unconscious/not breathing normally.
Decreased level of consciousness.
Any patient complaining of breathing or respiratory difficulty, examples of symptoms may include:
 Difficulty breathing with chest pain.
 Unable to speak in full sentences.
 History of Asthma or respiratory problems.
 Inhaled substance.
 Recent childbirth/broken leg/hospitalization (within 2-3 months).
 Drooling/difficulty swallowing.
Tingling or numbness in extremities/around mouth, 35 or older.

Stuffed nose, cold symptoms.
Oxygen bottle empty.
Patient assist.

BREATHING PROBLEMS

Pre-Arrival Instructions

Keep patient calm.
Patient may be more comfortable sitting up.
Tell patient not to exert him/herself.
Gather patient medications, if possible.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

CHEST PAIN

State of New Jersey EMD Guidecards Version 8/98

K Is patient alert?
e Is patient breathing normally?
y Where in the chest is the pain located?
Q Does the patient feel pain anywhere else? If so, where?
u How long has the pain been present?
e Does the pain change when the person breathes or moves?
s Does the patient take nitroglycerin? Have they taken it?
t Has the patient ever had heart surgery or a previous heart attack?
i Has the patient ever had a heart problem?
o Is the patient nauseated or vomiting?
n Is the patient sweating profusely?
s Is the patient experiencing rapid heart rate with chest pain?
Does the patient have a history of rapid heart rate?
How does the patient act when he/she sits up?
Is the patient weak, dizzy, or faint?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

D Unconscious/not breathing normally.
i Decreased level of consciousness.
s Patient complaining of chest pain with any of the
p following:
a Short of breath.
t Nausea.
c Diaphoretic.
h Rapid heart rate
Syncope
With cocaine/crack (drug) use.

Patients under 35, without critical symptoms.

CHEST PAIN

Pre-Arrival Instructions

Have the patient sit or lie down, whichever is more comfortable.
Keep patient calm.
Loosen any tight clothing.
Does the patient have nitroglycerin?
-- If yes: Has the patient taken one?
-- If not taken, take as the physician has directed (patient should be seated).
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

DIABETIC PROBLEMS

State of New Jersey EMD Guidecards Version 8/98

Key Questions

Is patient alert?
Is patient breathing normally?
Do they know who they are and where they are?
Is the patient acting in their normal manner. If not, what is different?
Is the patient complaining of any pain? Where is it located?
How does the patient act when he/she sits up?
Are they dizzy, weak, or feeling faint?
Is the patient sweating profusely?
Has the patient had a seizure?
Is the patient on insulin? If so, when did they take their medication?
When did the patient last eat?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Decreased level of consciousness.
Fainting (Syncope)
Chest pain.
Unusual behavior/acting strange.
Profuse sweating.
Seizure.
Weakness

BLS DISPATCH

Awake/alert
Not feeling well.

DIABETIC PROBLEMS

Pre-Arrival Instructions

Nothing by mouth if the patient is unable to take it by himself/herself
If the patient can take it by himself/herself, give juice with 2 to 3 teaspoons of sugar in it.
Allow patient to find a comfortable position.
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

HEADACHE

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
How is the patient acting? If unusual, what is different about them?
Does the patient know where they are and who they are?
Is the headache different than headaches the patient has had in the past?
Did the headache come on suddenly or gradually?
What was the patient doing when the headache started?
Does the patient have pain anywhere else? If so, where?
Has the patient had a recent illness or injury? If so, what?
Does the patient have a headache history?
Is the patient wearing a Medic Alert Tag? If so, what does it say?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

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Unconscious/not breathing normally.
Decreased level of consciousness.
Mental confusion.
Worst headache ever.
Sudden onset.
Physical exertion.
With visual disturbance, with no history of migraines.

Head injury, without critical symptoms.
Migraines.

HEADACHE

Pre-Arrival Instructions

Nothing by mouth.
Allow the patient to find position of comfort.
Gather patients medications, if any.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

HEART PROBLEMS

State of New Jersey EMD Guidecards Version 8/98

QUESTIONS

Is patient alert?
Is patient breathing normally?
Where in the chest is the pain located?
Does the patient feel pain anywhere else? If so, where?
How long has the pain been present?
Does the pain change when the person breathes or moves?
Does the patient take nitroglycerin? Have they taken it?
Has the patient ever had heart surgery or a previous heart attack?
Has the patient ever had a heart problem?
Is the patient nauseated or vomiting?
Is the patient sweating profusely?
Is the patient experiencing rapid heart rate with chest pain?
Does the patient have a history of rapid heart rate?
How does the patient act when he/she sits up?
Is the patient weak, dizzy, or faint?

SIMULTANEOUS ALS/BLS

DISPATCH

Unconscious/not breathing normally.
Decreased level of consciousness.
Patient complaining of chest pain with any of the following:
 Short of breath.
 Nausea.
 Diaphoretic.
 Rapid heart rate
 Fainting / Syncope
 Cocaine/crack (drug) use.

BLS DISPATCH

Patients, under 35, without critical symptoms.

HEART PROBLEMS

Pre-Arrival Instructions

Have the patient sit or lie down, whichever is more comfortable.
Keep patient calm.
Loosen any tight clothing.
Does the patient have nitroglycerin?
-- If yes: Has the patient taken one?
-- If not taken, take as the physician has directed (patient should be seated).
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts

Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

OD / POISONINGS / INGESTIONS

State of New Jersey EMD Guidecards Version 8/98

Key Questions

Is patient alert?
Is patient breathing normally?
Do you have any idea what the patient took?
Is the patient acting normally for him or her? If not, what is different?
If the patient took medications, were they prescription medications?
What medication did they take? How much?
If it was not medication, what type of substance did the patient take?
Is the patient having difficulty swallowing?
How old is the patient?
Has the patient used street or non-prescription drugs?
_ If yes, with alcohol?
_ If cocaine or crack, is the patient complaining of any pain?
Where?
Is the patient violent? Do they have access to a weapon?
Has the patient vomited? If yes, describe.

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Dispatch

Unconscious/not breathing normally.
Any overdose of medication with altered level of consciousness.
Ingestion of household cleaners, antifreeze, solvents, methanol, cyanide, insecticides.
Difficulty swallowing.
Alcohol intoxication, patient can not be aroused.
Combined alcohol and drug overdose.
Cocaine/crack with chest pain.

Intentional/accidental, with medications.
3rd party report, caller not with patient.
Reported OD, patient denies taking medications or unknown if medications/substance taken.
Drugs without critical symptoms.
Known alcohol intoxication without other drugs, can be aroused.

OD / POISONINGS / INGESTIONS**Pre-Arrival Instructions**

Keep patient in area/house, if safe.
Get container of substance taken if at the scene.
Don't force coffee or place patient in shower.
Nothing by mouth, including Ipecac, unless advised by poison control.
If the patient's condition changes, call me back.

Prompts**Short Report**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Consider Poison Control Center (1-800-764-7661, or one button transfer)
Is law enforcement needed?

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PSYCHIATRIC / BEHAVIORAL PROBLEMS

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
What happened?
Has the patient harmed himself? If yes,
 _ With what?
 _ Where are the injuries?
Is the patient acting in their normal manner?
 _ If not, what is different or unusual?
Where is the patient now?
Do you think the patient might harm himself? If so, with what?
Can the patient talk to you?
Can the patient answer your questions?
Has the patient taken any drugs or alcohol?
Does the patient have a weapon or access to a weapon?
Is the scene secure?

SIMULTANEOUS ALS/BLS**BLS DISPATCH****D
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Unconscious/not breathing normally.
Decreased level of consciousness.
Gunshot wound/Stabs to head, neck, torso, thigh.
Unusual behavior associated with:
 Diabetes.
 Suicidal overdose.
 Street drug intoxication or ingestion.

Lacerated wrist(s) with controlled bleeding.
Unusual behavior with a psychiatric history.
Known alcohol intoxication without other drugs (can be aroused).
Threats against self or others.
Police request for stand-by.
Patient out of psychiatric medications.

PSYCHIATRIC / BEHAVIORAL PROBLEMS**Pre-Arrival Instructions**

Keep the patient in area, if safe.
 Keep patient calm, if possible.
 If you feel you are in danger, leave the scene.
 Gather patient medications, if any.

Prompts**Short Report**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
 If unconscious, NOT breathing normally, go to CPR for appropriate age group.
 Consider Crisis Center.
 Is law enforcement needed?

Age
 Sex
 Specific location
 Chief complaint
 Pertinent related symptoms
 Medical/Surgical history, if any
 Other agencies responding
 Any dangers to responding units

SEIZURES / CONVULSIONS

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
 Is patient breathing normally?
 Describe what the patient is doing.
 Is the patient still seizing?
 How long has the patient been seizing?
 Has the patient had a seizure before?
 Does the patient have a medic alert bracelet on?
 ☐ If yes, what does it say?
 Is the patient a diabetic?
 If child: ☐ Has the child been sick?
 ☐ Does the child have a fever or feel hot?

If female: ☐ Is the woman pregnant?
 Is the patient a recreational drug user?
 Has the patient had a recent head injury?
 ☐ If yes, before or after the seizure?
 ☐ Within the last three days?

SIMULTANEOUS ALS/BLS**BLS DISPATCH**

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Not breathing after seizure stops.
 Extended seizures greater than 5 minutes.
 Multiple seizures.
 Febrile seizure.
 First time seizure or seizure, unknown history.
 Diabetic.
 Pregnant.
 Secondary to drug overdose.
 Secondary to recent head injury.
 Any seizure that is different than normal

Single seizure with history of seizure disorder

CONVULSIONS / SEIZURES

Pre-Arrival Instructions

Clear area around the patient.
Do not restrain patient.
Do not place anything in patient's mouth.
After seizure has stopped, check to see if patient is breathing.
If not, Determine appropriate age group.
Go to CARDIAC/RESPIRATORY ARREST instructions for appropriate age group
Have patient lie on side.
If patient is a child, remove clothing to cool patient if hot and feverish.
Gather patient medications, if any.
If the patient's condition changes, call me back.

Prompts

Short Report

Any seizure with an unknown medical history is assumed to be a first time seizure.
If unconscious after seizure, go to UNCONSCIOUS/BREATHING NORMALLY
AIRWAY CONTROL

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

SICK PERSON

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
Can I talk to the patient?
Yes: What is the problem?
Are you short of breath or is it hard to breath?
Are you feeling pain anywhere? If so where?
Do you feel light headed or dizzy?

No: Describe what the patient is doing.
How does the patient look?
What is the patient complaining of?
Does the patient respond to you and follow simple commands?
Does the patient answer your questions?
Is the patient acting normally for him or her?
If not, what is different?

Is the patient complaining of pain? Where?
How does the patient feel when he/she sits up?
Have you checked for a medic alert tag?
If there is an alert tag, what does it say?
Is there insulin in the refrigerator?
Was the onset sudden or gradual?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

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Unconscious/not breathing normally.
Decreased level of consciousness.
Multiple fainting episodes.

Generalized weakness.
Medic alert from alarm company.
Flu symptoms.
High blood pressure without critical symptoms.
High temperature.
Patient assist.
Other.

SICK PERSON**Pre-Arrival Instructions**

Gather patient medications, if possible.
If the patient's condition changes, call me back.

Prompts**Short Report**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

If a specific chief complaint is identified the EMD should use the guidecard that suits the patient's chief complaint.

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

STROKE / CVA

State of New Jersey EMD Guidecards Version 8/98

Key Questions

Is patient alert?
Is patient breathing normally?
Describe what the patient looks like.
What is the patient doing?
Can the patient respond to you and follow simple commands?
Can the patient answer your questions?
How is the patient acting?
If acting unusually, what is different?
Is the patient able to speak in full sentences?
Is the patient complaining of any pain? Where is the pain located?
Is the patient a diabetic?
Has the patient had a seizure?
Has the patient had a headache?
Has the patient had any recent injury/trauma?
Does the patient have any other medical or surgical history? What?
Has the patient had a stroke before?

SIMULTANEOUS ALS/BLS**BLS DISPATCH****Dispatch**

Unconscious/not breathing normally.
Marked change in level of consciousness.
Weakness or paralysis.
Chest pain.
Diabetic.
Seizure.
Severe headache.

Past history of stroke (CVA) with no new changes.

STROKE / CVA Pre-Arrival Instructions

Keep patient calm.
 Don't allow patient to move around.
 If unconscious or having difficulty breathing, keep neck straight and remove pillows.
 Nothing by mouth (to eat or drink).
 Gather patient medication, if any.
 If the patient's condition changes, call me back.

Prompts

Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
 If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Age
 Sex
 Specific location
 Chief complaint
 Pertinent related symptoms
 Medical/Surgical history, if any
 Other agencies responding
 Any dangers to responding units

UNKNOWN / MAN DOWN

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
 Is patient breathing normally?
 Why is the patient down?
 If determined, go to appropriate card.
 Is patient able to talk?
 What was patient doing?
 Is patient able to move at all?
 Where exactly is the patient?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

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Unconscious/not breathing normally.
 Decreased level of consciousness.
 Multiple Casualty Incident Criteria.

Unknown (Third Party Call) without indications of unconsciousness.
 Patient talking, moving, sitting, or standing.

UNKNOWN / MAN DOWN**Pre-Arrival Instructions**

If there is no danger, go to patient to see if patient is awake, breathing normally, or moving at all.
Return to the phone and let me know
Watch for the emergency unit and direct them to the patient.
If the patient's condition changes, call me back.

Prompts**Short Report**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

CO / INHALATION / HAZMAT

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
What is the source of the contamination?
Has the patient been removed from the area or source of contamination?
Is a CO Detector activated?
What is the name of the contaminating agent?

SIMULTANEOUS ALS/BLS**BLS DISPATCH****D
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Unconscious/not breathing normally.
Decreased level of consciousness.
Ingestion / inhalation household cleaners, antifreeze, solvents, methanol, cyanide, or insecticides.
Difficulty swallowing
Multiple Casualty Incident Criteria.

Chemicals on patient's skin or clothing, no critical symptoms.
Third party report, caller not with patient

CO / INHALATION / HAZMAT**Pre-Arrival Instructions**

Prevent self contamination.
Have patient remove contaminated clothing, if possible.
Remove contact lenses, if possible.
If chemical, get information on chemical (MSDS Sheet if available).
If chemical is powder, brush off, no water.
Flush chemicals from burns to eyes, remove contacts
Place burned area in cool water (not ice), if convenient.
If the patient's condition changes, call me back.

Prompts**Short Report**

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
Ask for information from MSDS
CO Detector, Get everyone out of the house
Consider Poison Control Center (1-800-764-7661, or one button transfer)
Dispatch Fire Department
Is HazMat team needed?

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

CARDIAC ARREST

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
If unsure about consciousness, interrogate further:
a. Does the patient respond to you?
Talk to you? Answer questions? Hear you?
b. Does the patient move?
Flinch? Move arms or legs?
c. Are the pupils fixed and dilated?

If unsure about breathing, interrogate further:
a. Have the caller go and see if the chest rises, then come back to the phone.
b. Listen for the sound, frequency and description of breaths.
Agonal respirations are often reported as:
gasping, snoring, or gurgling
barely breathing
moaning weak or heavy
occasional

SIMULTANEOUS ALS/BLS**BLS DISPATCH****D
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Unconscious/not breathing adequately or at all.
All possible DOA's, until evaluated by responsible personnel.

CARDIAC ARREST

Pre-Arrival Instructions

Go to CPR card for the appropriate age group.
If the patient's condition changes, call me back

Prompts

Agonal respirations are ineffective breaths which occur after cardiac arrest.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

START

ADULT CPR INSTRUCTIONS

Does anyone there
know how to do CPR?

NO YES

Do you need help in
remembering the
procedures?

YES NO

Begin CPR on the patient now.
I'll stay on the line if you need me until
help arrives.

Get the phone **NEXT** to the patient if you can.

OK CAN'T

Do you have a cordless phone?
Is there a phone that may be closer to the patient?
Can someone there relay my instructions to you?
[If not] I'll give you the instructions, then return to the
phone. If I'm not here, stay on the line.

OK

Listen carefully. I'll tell you what to do.
Get the patient **FLAT** on their back,
on the floor.

OK CAN'T

Is there anyone there that can help you gently roll or slide the
patient to the floor?
[If not] Can you get help and return to the phone?

OK

NO HELP / CAN'T

Begin attempts as best possible.

(CONT.)

(RESUME.)

BARE the chest.
KNEEL at the patient's side.
PINCH the nose **SHUT** with **ONE HAND**.
With your **OTHER** hand, **LIFT** the **CHIN** so the head **BENDS BACK**.
COMPLETELY COVER their mouth with your mouth.
GIVE TWO SLOW BREATHS OF AIR into the patients **LUNGS**--just like you're blowing up a big balloon.
Make sure the **CHEST GENTLY RISES**.
REMEMBER, FLAT on their **BACK**. **BARE** the **CHEST**.
PINCH the **NOSE SHUT**.
With your **OTHER** hand , **LIFT** the **CHIN** so the head **BENDS BACK**.
GIVE TWO SLOW BREATHS. THEN COME BACK TO THE PHONE!
If I'm not here stay on the line.

OK

Reported Patient Vomited

I CAN'T / HYSTERICAL

You're going to have to calm down to be able to help!

Turn his/her head to the side.
Sweep it all out with your fingers
before you start mouth-to-mouth.

Did the CHEST RISE?

YES

NO

GO TO CHOKING ADULT INSTRUCTIONS

(CONT.)

ADULT CPR INSTRUCTIONS - Page 2 of 4 (8/98)

(RESUME)

Is the patient moving or breathing normally now?

NO

YES

Roll the patient on their side and check for breathing until help takes over.

CHOKING ADULT ENTRY POINT

I need you to check to see if the patient has a pulse.
FIRST, take your index and middle finger and feel the **FRONT** of the patients neck for **the Adam's apple**.
THEN, slide your fingers towards **YOU** into the groove **NEXT** to the Adam's apple in the side of the neck.
THEN, press down with your fingers **carefully for 5-10 seconds**.
See if you feel a pulse, then return to the phone.

Did you feel a pulse?

NO

YES

Continue with rescue breathing.
REMEMBER, PINCH the nose **SHUT** with one hand.
With your **OTHER** hand, **LIFT** the **CHIN** so the head **BENDS BACK**.
COMPLETELY COVER their mouth with your mouth.
GIVE ONE SLOW BREATH OF AIR into the patients **LUNGS**
Do this **ONCE EVERY 5 SECONDS**--just like you're blowing up a big balloon.
Make sure the **CHEST GENTLY RISES**.
Keep doing this **FOR ONE MINUTE**, then come back to the phone.
I'll stay on the line.

AFTER EACH MINUTE - REASSESS

(CONT.)

ADULT CPR INSTRUCTIONS - Page 3 of 4 (8/98)

(RESUME)

Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST**, right **BETWEEN** the **NIPPLES**.
Put your **OTHER HAND ON TOP** of **THAT** hand.
PUSH DOWN FIRMLY, ONLY on the **HEELS** of your hands, **1-½ to 2** inches.
Do it fifteen times, just like you're pumping their chest. (Count: 1, and 2, and 3, and 4, and...)
MAKE SURE the **HEEL** of your hand is on the **CENTER** of their chest, **RIGHT BETWEEN THE NIPPLES**.
Pump fifteen times.
Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **BENDS BACK**.
TWO MORE BREATHS and **PUMP** the **CHEST** fifteen times.
KEEP DOING IT; PUMP the **CHEST** fifteen times. Then **TWO BREATHS**.
KEEP DOING IT UNTIL HELP CAN TAKE OVER.
I'll stay on the line.

OK

I CAN'T / HYSTERICAL

CONTINUE TO ASSIST
UNTIL HELP ARRIVES!

You're going to have to calm down to be able to help!

LARYNGECTOMY/ TRACHEOSTOMY PATIENTS PROMPT:
Keep the patient's head **STRAIGHT**.
COMPLETELY COVER the **STOMA** with your mouth.

ADULT CPR INSTRUCTIONS - Page 4 of 4 (8/98)

START

CHILD CPR (1-8 YRS) INSTRUCTIONS

Does anyone there
know how to do
CHILD CPR?

NO

YES

Do you need help in
remembering the
procedures?

YES

NO

Begin CPR on the child now.
I'll stay on the line if you need me until
help arrives.

Get the **CHILD** near the phone if you can.

OK

CAN'T

Do you have a cordless phone?
Is there a phone that may be closer to the patient?
Can someone there relay my instructions to you?
[If not] I'll give you the instructions, then return to the
phone. If I'm not here, stay on the line.

OK

Listen carefully. I'll tell you what to do.
Get the child on the floor, **FLAT** on their
BACK.

OK

CAN'T

Can you **GENTLY** roll or slide the child to the floor?
[If not] Can you get help and return to the phone?

OK

NO HELP / CAN'T

Begin attempts as best possible.

(CONT.)

CHILD CPR INSTRUCTIONS - Page 1 of 4 (8/98)

(RESUME.)

BARE the chest.

KNEEL at the child's side.

PINCH the nose **SHUT** with **ONE HAND**.

With your **OTHER** hand, **LIFT** the **CHIN** so the head **TILTS BACK**.

COMPLETELY COVER the child's mouth with your mouth.

GIVE TWO SLOW BREATHS OF AIR into the child's **LUNGS**--just like you're blowing up a balloon.

Make sure the **CHEST GENTLY RISES**.

REMEMBER, FLAT on their **BACK**. **BARE** the **CHEST**.

PINCH the **NOSE SHUT**.

With your **OTHER** hand, **LIFT** the **CHIN** so the head **TILTS BACK**.

GIVE TWO SLOW BREATHS. THEN COME BACK TO THE PHONE!

If I'm not here stay on the line.

OK

Reported Patient Vomited

I CAN'T / HYSTERICAL

You're going to have to calm down to be able to help!

Turn the child's head to the side.
Sweep it all out with your fingers
before you start mouth-to-mouth.

Did the CHEST RISE?

YES

NO

GO TO CHOKING CHILD INSTRUCTIONS

(CONT.)

CHILD CPR INSTRUCTIONS - Page 2 of 4 (8/98)

(RESUME)

Is the child moving or breathing normally now?

NO

YES

Roll the child on their side and check for breathing until help takes over.

CHOKING CHILD ENTRY POINT

I need you to check to see if the child has a pulse.

FIRST, take your index and middle finger and feel the **FRONT** of the child's neck for the **Adam's apple**.

THEN, slide your fingers towards **YOU** into the groove **NEXT** to the Adam's apple in the side of the neck.

THEN, press down with your fingers **carefully** for **5-10 seconds**.

See if you feel a pulse, then return to the phone.

Did you feel a pulse?

NO

YES

Continue with rescue breathing.

REMEMBER, PINCH the nose **SHUT** with one hand.

With your **OTHER** hand, **LIFT** the **CHIN** so the head **TILTS BACK**.

COMPLETELY COVER the child's mouth with your mouth.

GIVE ONE SLOW BREATH OF AIR into the child's **LUNGS**

Do this ONCE EVERY 4 SECONDS--just like you're blowing up a balloon.

Make sure the **CHEST GENTLY RISES**.

Keep doing this **FOR ONE MINUTE**, then come back to the phone.

I'll stay on the line.

AFTER EACH MINUTE - REASSESS

(CONT.)

CHILD CPR INSTRUCTIONS - Page 3 of 4 (8/98)

(RESUME)

Put the **HEEL** of **ONE HAND** on the **CENTER** of the child's **CHEST**, right **BETWEEN** the **NIPPLES**.
PUSH DOWN FIRMLY, ONLY on the **HEEL** of your hand, **1 - 1½ inches**.
Do it five times **QUICKLY**, just like you're pumping their chest. (Count: 1,2,3,4,5)
MAKE SURE the **HEEL** of your hand is on the **CENTER** of their chest, **RIGHT BETWEEN THE NIPPLES**.
Pump five times **QUICKLY**.
Then, **PINCH** the **NOSE SHUT** and **LIFT** the **CHIN** so the head **TILTS BACK**.
ONE MORE BREATH and **PUMP** the **CHEST** five times.
KEEP DOING IT; PUMP the **CHEST** five times. Then **ONE BREATH**.
KEEP DOING IT UNTIL HELP CAN TAKE OVER.
I'll stay on the line.

OK

I CAN'T / HYSTERICAL

CONTINUE TO ASSIST
UNTIL HELP ARRIVES!

You're going to have to calm down to be able to help!

CHILD CPR INSTRUCTIONS - Page 4 of 4 (8/98)

START

INFANT CPR (0-1 yr) INSTRUCTIONS

Does anyone there
know how to do
INFANT CPR?

NO

YES

Do you need help in
remembering the
procedures?

YES

NO

Begin CPR on the baby now.
I'll stay on the line if you need me until
help arrives.

BRING THE BABY TO THE PHONE!

Listen carefully. I'll tell you what to do.
Lay the baby **FLAT** on it's back on a hard surface, such as the floor or a table.
BARE the baby's chest.
Tilt the head back **SLIGHTLY** by **LIFTING** the **CHIN**.
TIGHTLY COVER the baby's **MOUTH AND NOSE** with your mouth.
Blow two **SMALL PUFFS** of air **SLOWLY** into the baby's **LUNGS**.
Make sure the baby's **CHEST GENTLY RISES** with each puff.
Then come back to the phone. If I'm not here, stay on the line.

OK

Reported Patient Vomited

I CAN'T / HYSTERICAL

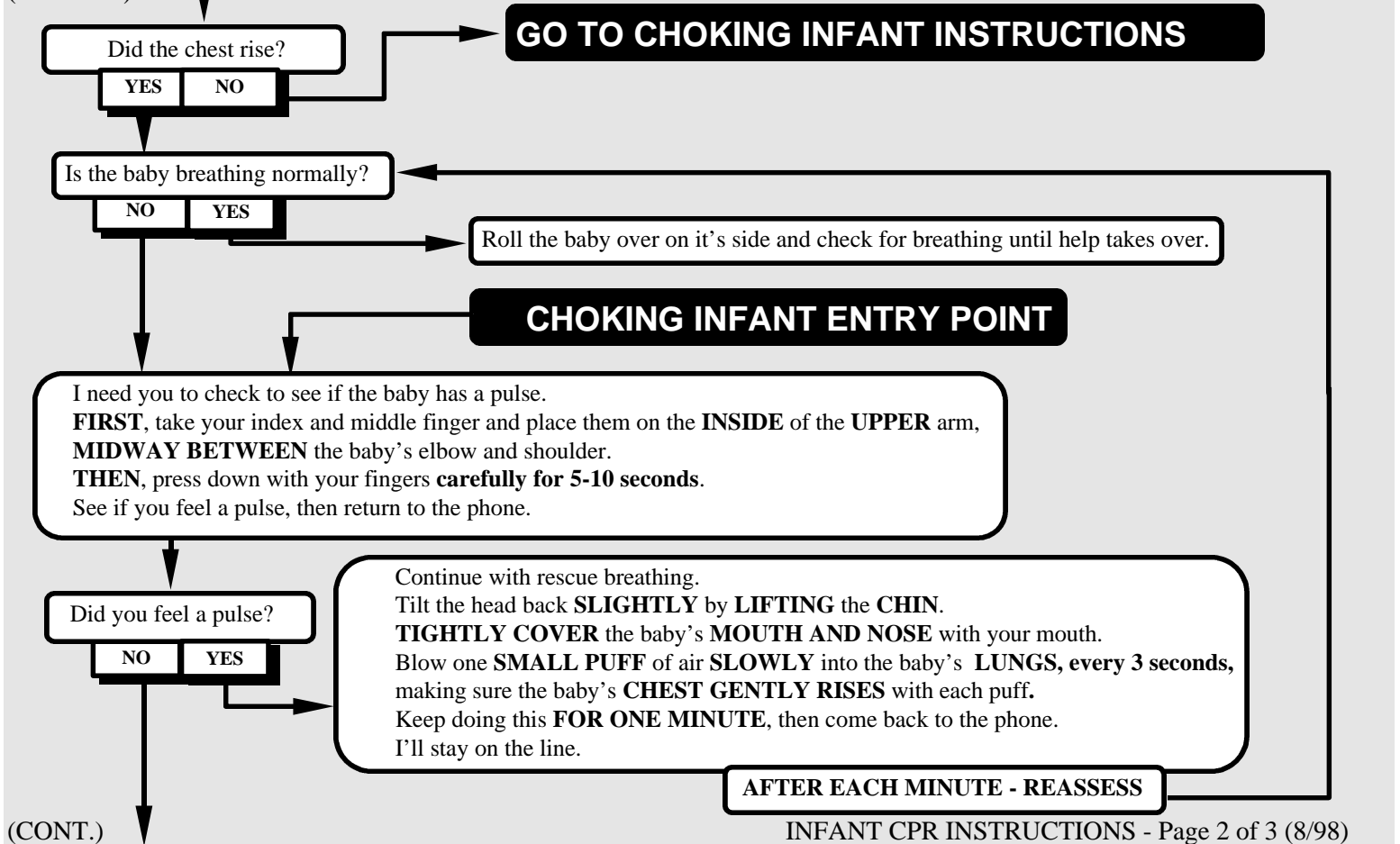
You're going to have to calm down to be able to help!

Turn his/her head to the side.
Sweep it all out with your little finger
before you start mouth-to-mouth.

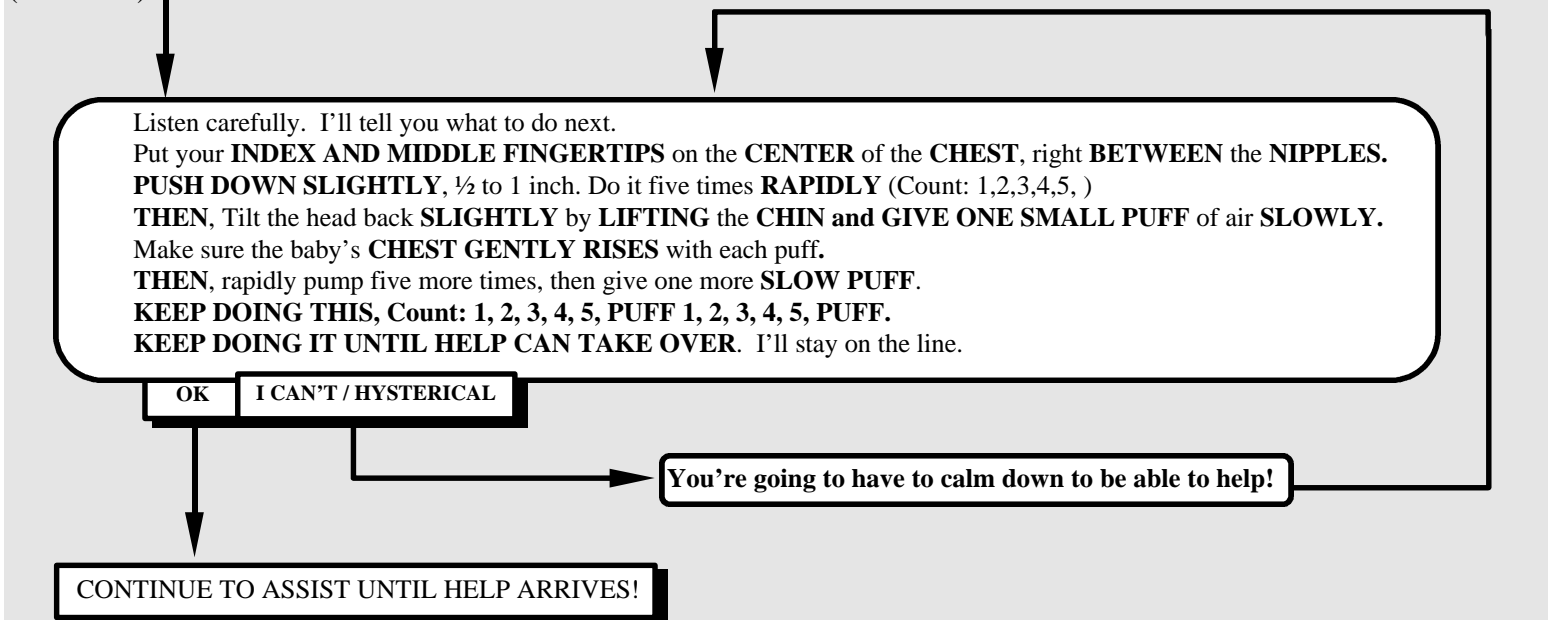
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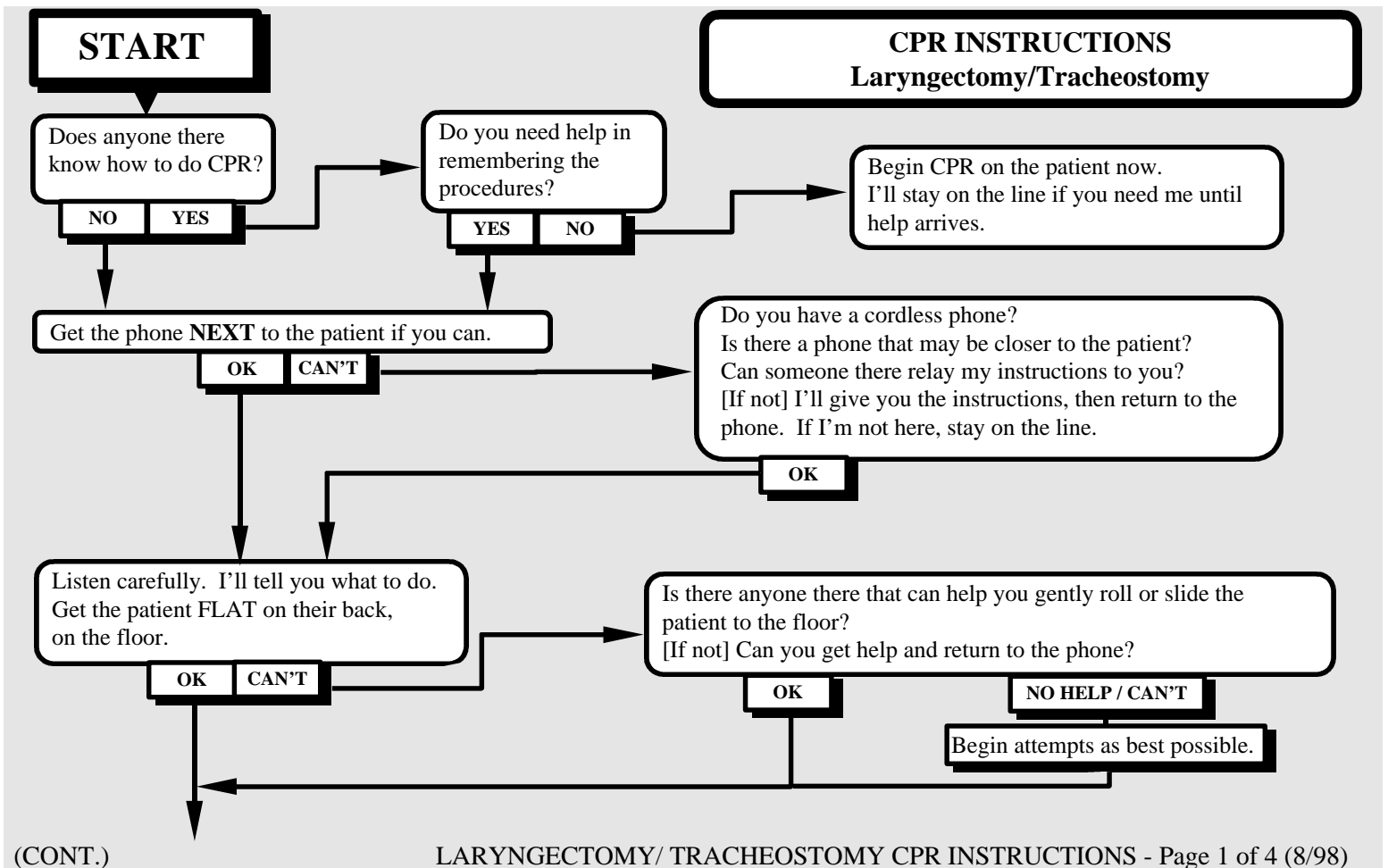
INFANT CPR INSTRUCTIONS - Page 1 of 3 (8/98)

(RESUME)



(RESUME)





(RESUME.)

BARE the chest.

KNEEL at the patient's side.

Keep the patient's head **STRAIGHT**.

COMPLETELY COVER the **STOMA** with your mouth.

(If necessary include) **Tightly COVER** the patient's **MOUTH and NOSE** with your hand.

GIVE TWO SLOW BREATHS OF AIR into the patients **LUNGS**--just like you're blowing up a big balloon.

Make sure the **CHEST GENTLY RISES**.

REMEMBER, FLAT on their **BACK**. **BARE** the **CHEST**, **KEEP THE HEAD STRAIGHT**.

COMPLETELY COVER the **STOMA** with your mouth.

GIVE TWO SLOW BREATHS. THEN COME BACK TO THE PHONE!

If I'm not here stay on the line.

OK

Reported Patient's stoma
(neck opening) is encrusted
with mucous.

I CAN'T / HYSTERICAL

You're going to have to calm down to be able to help!

Clean the opening with a clean cloth or handkerchief.

Did the **CHEST RISE**?

YES

NO

Repeat instructions having caller **tightly COVER** the patient's **MOUTH AND NOSE** with one hand while giving the two slow breaths, **EMPHASIZING** tightly covering the patient's mouth and nose.

Chest still does not rise.

GO TO CHOKING ADULT INSTRUCTIONS

IMPORTANT: Keep head straight, give breaths via stoma!

(CONT.)

LARYNGECTOMY/ TRACHEOSTOMY CPR INSTRUCTIONS - Page 2 of 4 (8/98)

(RESUME)

Is the patient moving or breathing normally now?

NO

YES

Roll the patient on their side and check for breathing until help takes over.

I need you to check to see if the patient has a pulse.

FIRST, take your index and middle finger and feel the **FRONT** of the patients neck for **the Adam's apple**.

THEN, slide your fingers towards **YOU** into the groove **NEXT** to the Adam's apple in the side of the neck.

THEN, press down with your fingers **carefully for 5-10 seconds**.

See if you feel a pulse, then return to the phone.

Did you feel a pulse?

NO

YES

Continue with rescue breathing.

REMEMBER, Keep the patient's head **STRAIGHT**.

COMPLETELY COVER the **STOMA** with your mouth.

(If necessary include) **COVER** the patient's **MOUTH and NOSE** with your hand.

GIVE ONE SLOW BREATH OF AIR into the patients **LUNGS**

Do this ONCE EVERY 5 SECONDS--just like you're blowing up a big balloon.

Make sure the **CHEST GENTLY RISES**.

Keep doing this **FOR ONE MINUTE**, then come back to the phone.

I'll stay on the line.

AFTER EACH MINUTE - REASSESS

(CONT.)

LARYNGECTOMY/ TRACHEOSTOMY CPR INSTRUCTIONS - Page 3 of 4 (8/98)

(RESUME)

Put the **HEEL** of your **HAND** on the **CENTER** of their **CHEST**, right **BETWEEN** the **NIPPLES**.
Put your **OTHER HAND ON TOP** of **THAT** hand.
PUSH DOWN FIRMLY, ONLY on the **HEELS** of your hands, **1-½ to 2** inches.
Do it fifteen times, just like you're pumping their chest. (Count: 1, and 2, and 3, and 4, and...)
MAKE SURE the **HEEL** of your hand is on the **CENTER** of their chest, **RIGHT BETWEEN THE NIPPLES**.
Pump fifteen times.
Then, **COMPLETELY COVER** the **STOMA** with your mouth.
(If necessary include) **COVER** the patient's **MOUTH and NOSE** with your hand.
TWO MORE BREATHS and **PUMP** the **CHEST** fifteen times.
KEEP DOING IT; PUMP the **CHEST** fifteen times. Then **TWO BREATHS**.
KEEP DOING IT UNTIL HELP CAN TAKE OVER.
I'll stay on the line.

OK

I CAN'T / HYSTERICAL

CONTINUE TO ASSIST
UNTIL HELP ARRIVES!

You're gong to have to calm down to be able to help!

LARYNGECTOMY/ TRACHEOSTOMY CPR INSTRUCTIONS - Page 4 of 4 (8/98)

CHOKING

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K Is patient alert?
e Is patient breathing normally?
y Describe the breathing.
Does the chest rise?
Does air enter freely?
Q Is the patient able to speak or cry?
u Is the patient turning blue?
e How old is the patient?
s
t
i
o
n
s

SIMULTANEOUS ALS/BLS

BLS DISPATCH

D Unconscious/not breathing normally.
i Unable to talk or cry.
s Turning blue.
p
a

Able to speak or cry.
Exchanging air with no breathing difficulty.
Airway cleared, patient assist.

t
c
h

CHOKING Pre-Arrival Instructions

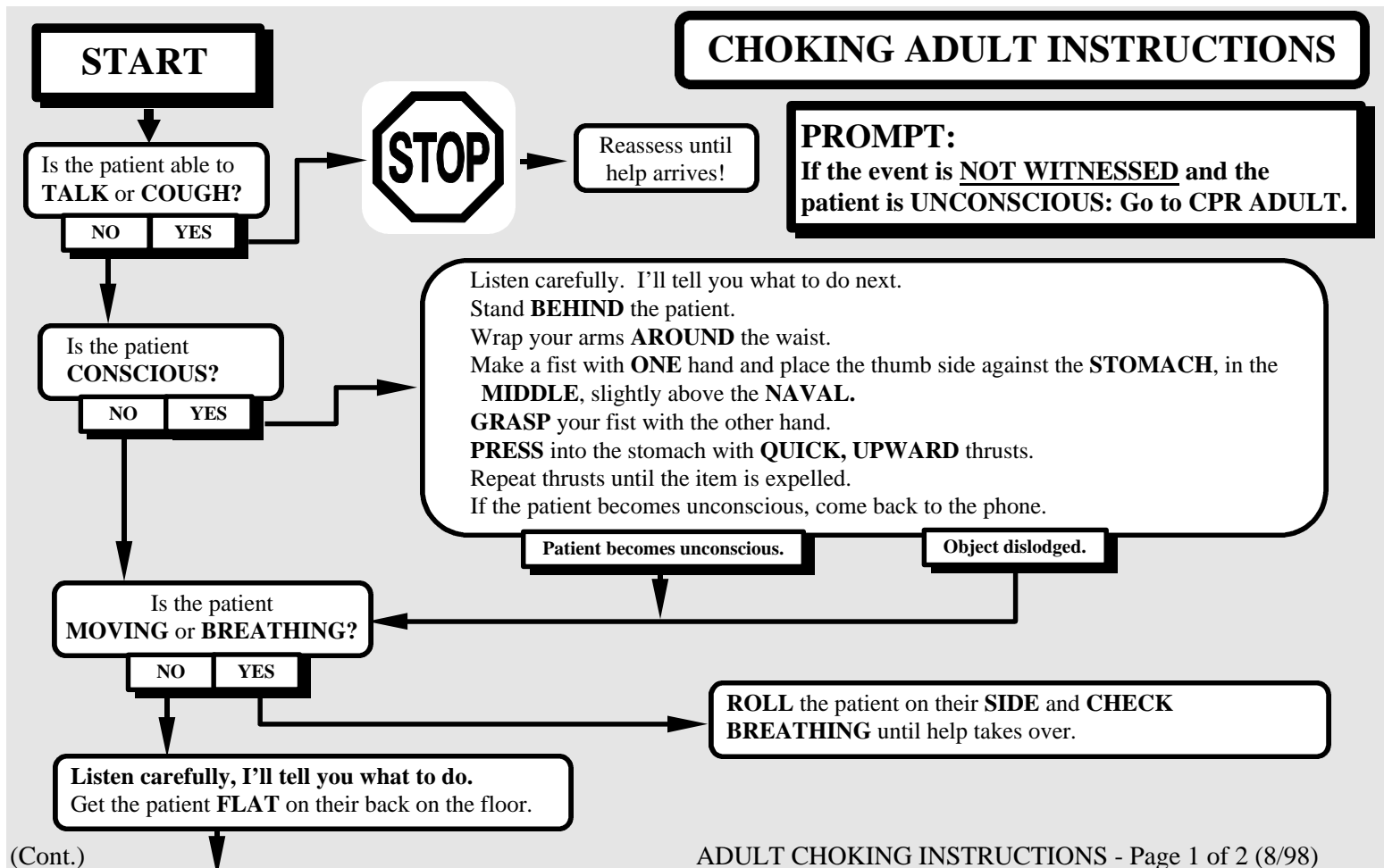
Determine age group.
Go to choking card for the appropriate age group.

Prompts

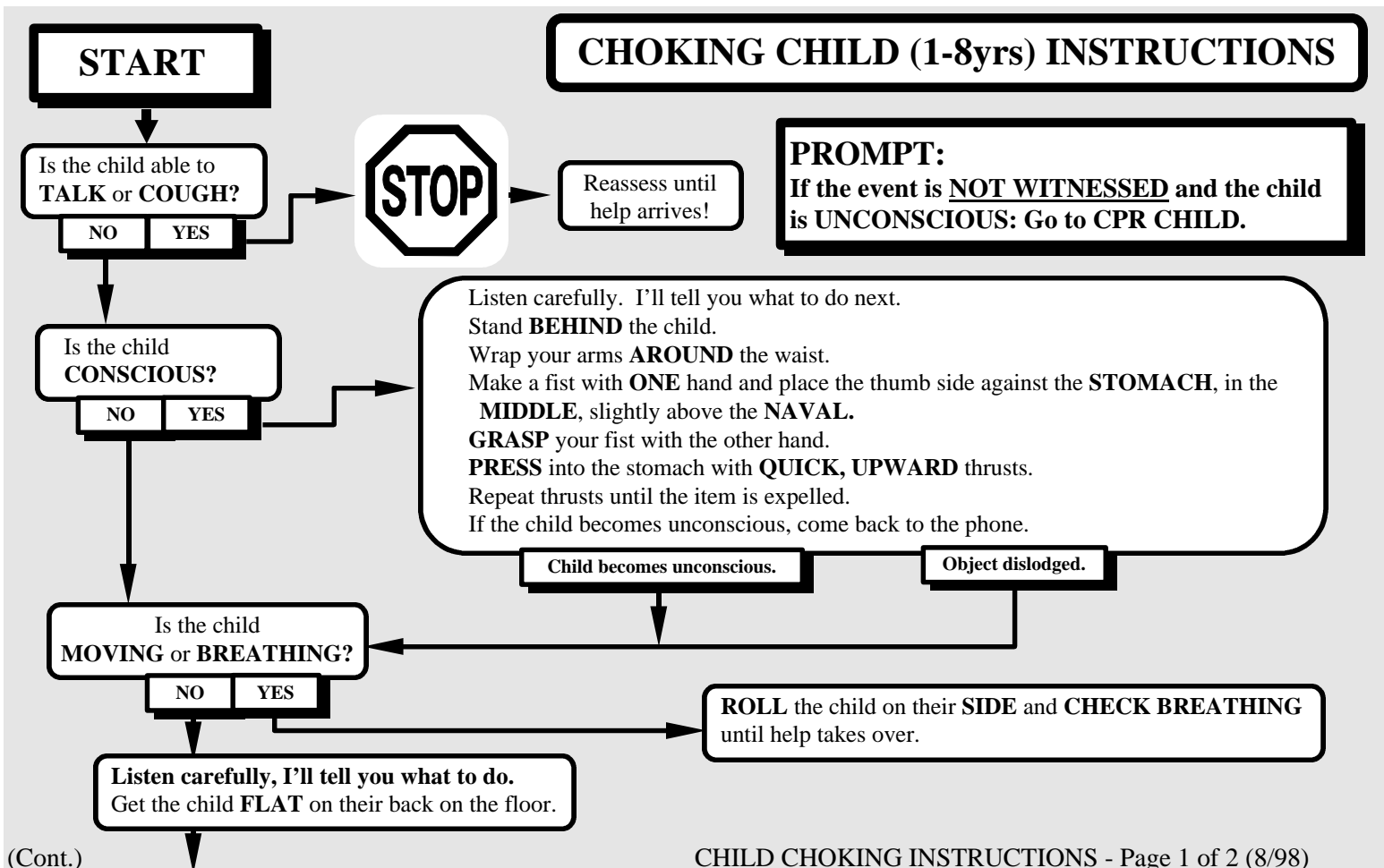
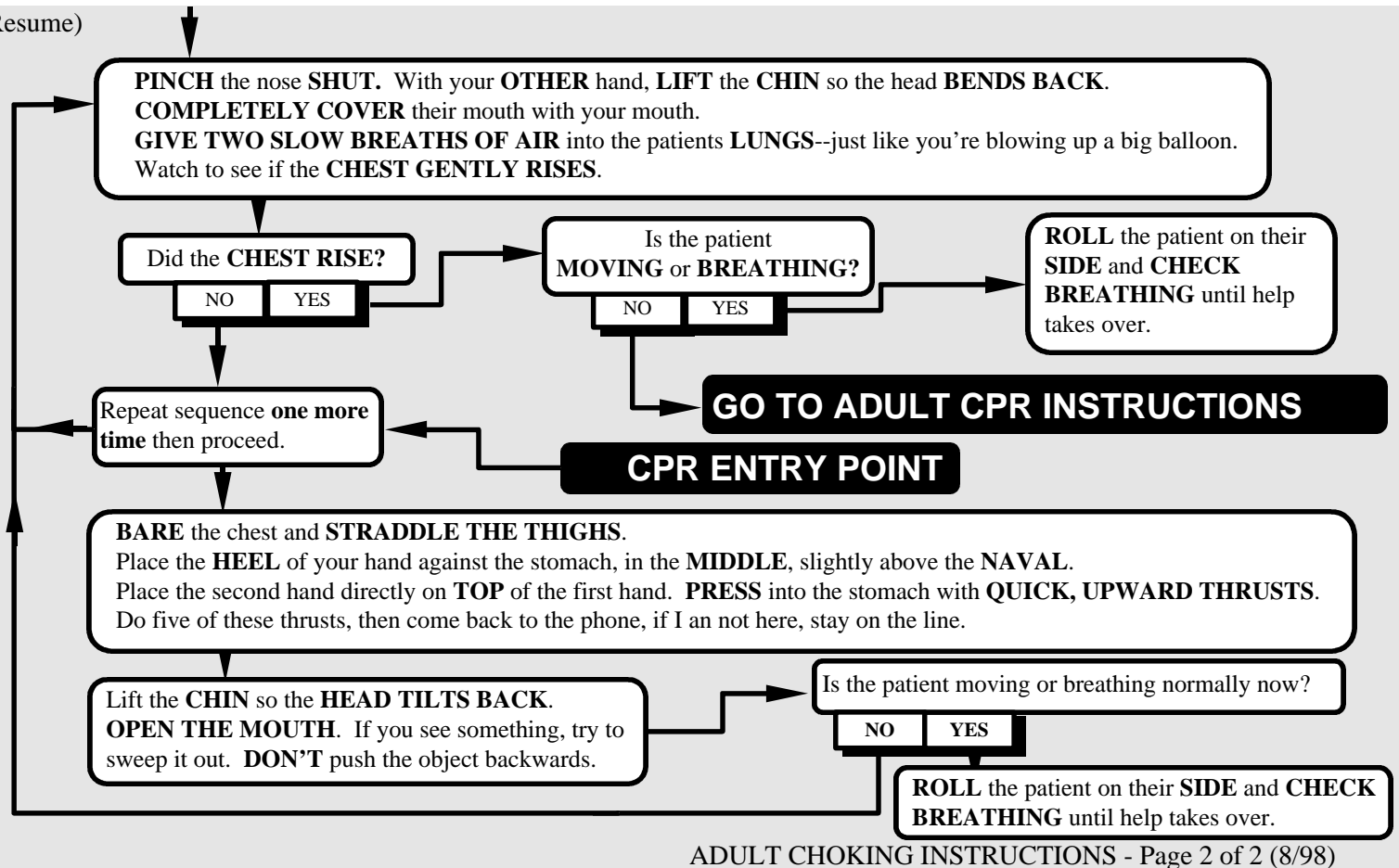
Determine age group
Go to CHOKING (OBSTRUCTED AIRWAY) instructions.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units



(Resume)



(Cont.)

(Resume)

PINCH the nose **SHUT**. With your **OTHER** hand, **LIFT** the **CHIN** so the head **TILTS BACK**. **COMPLETELY COVER** their mouth with your mouth. **GIVE TWO SLOW BREATHS OF AIR** into the child's **LUNGS**--just like you're blowing up a balloon. Watch to see if the **CHEST GENTLY RISES**.

Did the **CHEST RISE**?

NO **YES**

Is the child **MOVING** or **BREATHING**?

NO **YES**

ROLL the child on their **SIDE** and **CHECK BREATHING** until help takes over.

Repeat sequence **one more time** then proceed.

GO TO CHILD CPR INSTRUCTIONS

CPR ENTRY POINT

BARE the chest and **STRADDLE THE CHILD'S LEGS**.

Place the **HEEL** of your hand against the stomach, in the **MIDDLE**, slightly above the **NAVAL**.

Place the second hand directly on **TOP** of the first hand. **PRESS** into the stomach with **QUICK, UPWARD THRUSTS**. Do five of these thrusts, then come back to the phone, if I am not here, stay on the line.

Lift the **CHIN** so the **HEAD TILTS BACK**. **OPEN THE MOUTH**. If you see something, try to sweep it out. **DON'T** push the object backwards.

Is the child moving or breathing normally now?

NO **YES**

ROLL the child on their **SIDE** and **CHECK BREATHING** until help takes over.

CHILD CHOKING INSTRUCTIONS - Page 2 of 2 (8/98)

START

BRING the **BABY** to the **PHONE**!

Is the baby **CONSCIOUS**?

NO **YES**

Is the baby able to **CRY** or **COUGH**?

NO **YES**



Roll the baby over on it's side and check for breathing until help takes over.

Listen carefully. I'll tell you what to do next. Remove any clothing from the baby's chest, then **PICK UP** the baby. Do that, and come back to the phone. If I am not here, **STAY ON THE LINE**.

Turn the baby **FACE DOWN** on your forearm, **SUPPORT** the baby's **JAW** in your **HAND**. Lower your arm onto your thigh so that the baby's head is **LOWER** than its chest. Use the **HEEL** of your other **HAND** to strike the **BACK 5 TIMES FIRMLY**, right between the shoulder blades. Do that, and come back to the phone.

SANDWICH the baby between your forearms, **SUPPORT** the head, then turn the baby onto its back. Put your **INDEX AND MIDDLE FINGERS** directly **BETWEEN** the baby's **NIPPLES**. Push down $\frac{1}{2}$ to 1 inch, do it **5 TIMES**. (1-2-3-4-5). Do that, and come back to the phone.

Baby becomes unconscious.

Object dislodged.

Still conscious and choking, repeat sequence.

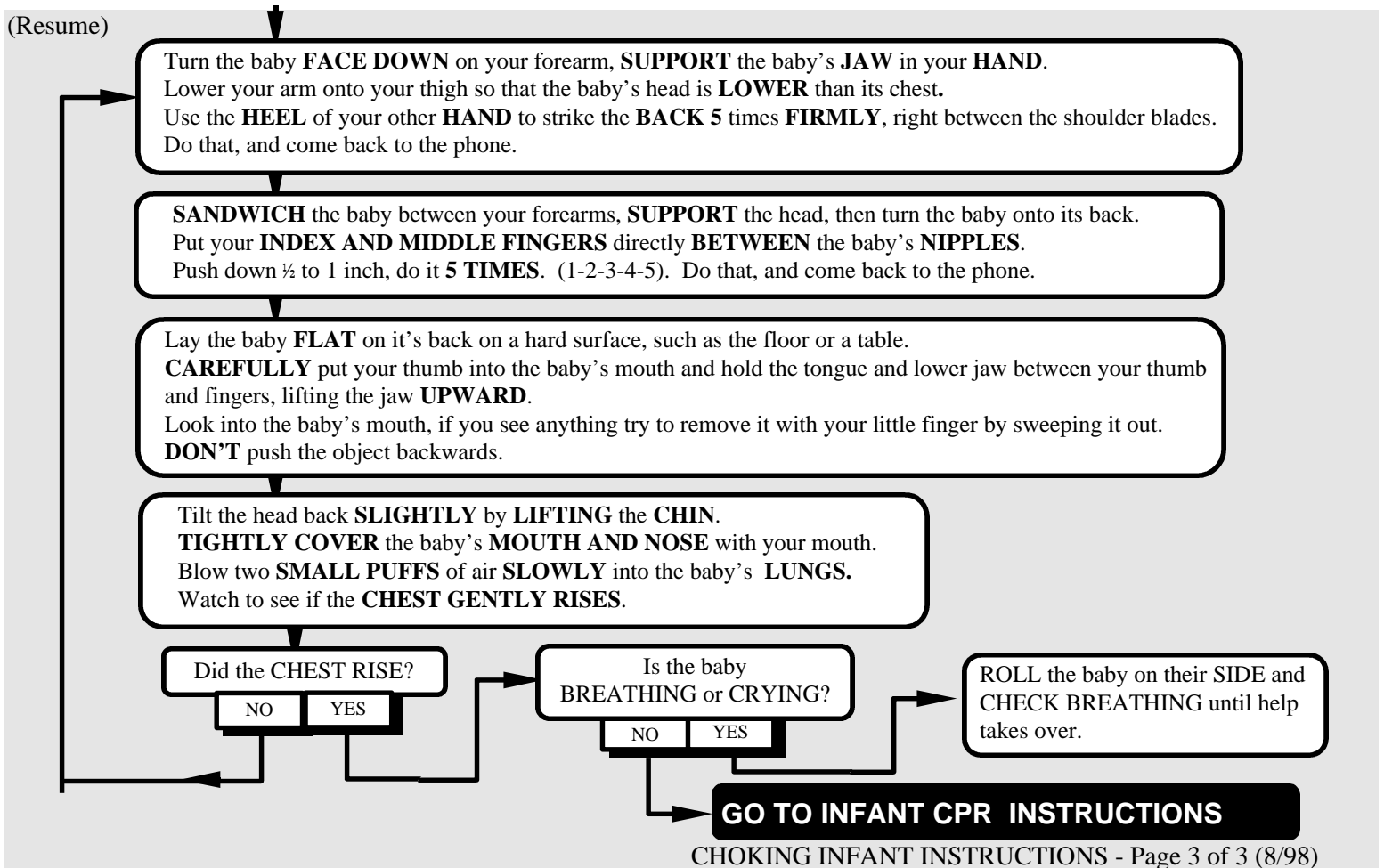
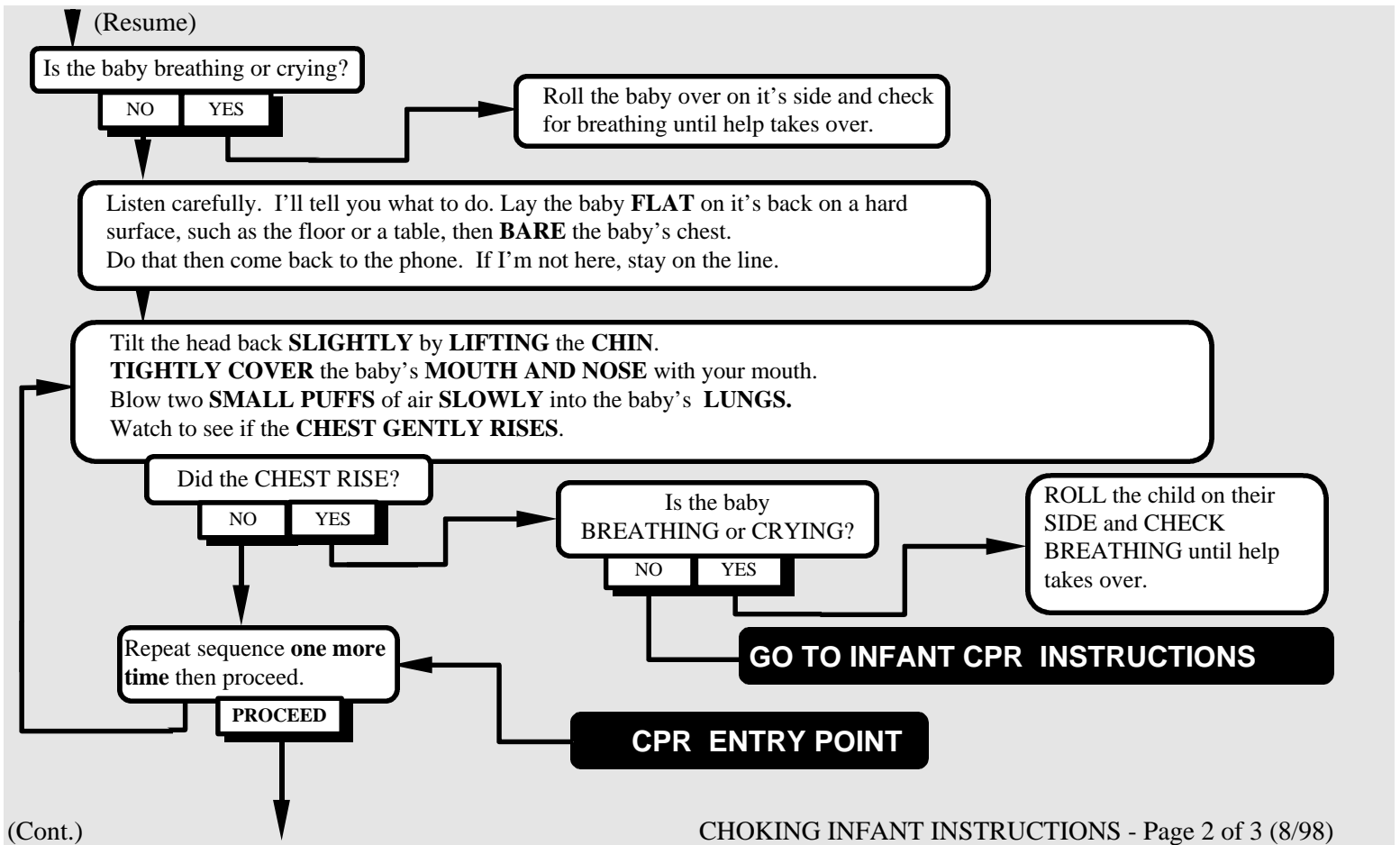
(Cont.)

CHOKING INFANT (0-1 yr) INSTRUCTIONS

PROMPT:

If the event is **NOT WITNESSED** and the infant is **UNCONSCIOUS**: Go to **CPR INFANT**.

CHOKING INFANT INSTRUCTIONS - Page 1 of 3 (8/98)



DROWNING (POSSIBLE)

State of New Jersey EMD Guidecards Version 8/98

Key Questions

- Is patient alert?
- Is patient breathing normally?
- How long was the patient under water?
- Is this a scuba diving accident?
- Has the patient been removed from the water?
- Is the patient on land or in a boat?
- What was the patient doing before the accident?

SIMULTANEOUS ALS/BLS

Dispatch

- Unconscious, not breathing normally.
- Difficulty breathing.
- Scuba diving accident.
- Diving accident (possibility of C-spine injury.)
- Fractured femur (thigh).

BLS DISPATCH

- Patient not submerged.
- Patient coughing.
- Other injuries without critical symptoms.
- Minor injury (lacerations/fractures).

DROWNING (POSSIBLE)

Pre-Arrival Instructions

Do not attempt to rescue patient, unless trained to do so.
Do not move patient around
Gather patient medications, if possible.
If the patient's condition changes, call me back.
Keep patient warm.

Prompts

Short Report

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY-AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Are boats needed?
Is SCUBA team needed?

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

ELECTROCUTION

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
If household electrocution, was it the dryer, stove, or other 220 volt source.
Is patient still in contact with the source?
Are there any other injuries? If so what are they?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

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Unconscious/not breathing normally.
Decreased level of consciousness.
Multiple Casualty Incident Criteria.
Reported DOA until evaluation by responsible party.
Burns to airway, nose, or mouth.
Burns over 20% of body surface.
Burns from 220 volt or higher source

Household electrical shock without critical symptoms

ELECTROCUTION Pre-Arrival Instructions

Do not touch the patient if in contact with the source of electricity.
Beware of liquid spills that could conduct electricity.
If it is safe to do so, turn off the power.
If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.
Is fire department needed?

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

PREGNANCY / CHILDBIRTH

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Key Questions

Is patient alert?
Is patient breathing normally?
Was there an injury? What is it?
Has she had a seizure?
Is she bleeding?
If yes, is the bleeding like a period, spotting, or heavy flow?
How does she feel when she sits up?
Has she had any problems during pregnancy or anticipated problems?
Is she having cramping pains that come and go? If yes, how often?
Does she feel the urge to go to the bathroom?
Is this the first pregnancy?
How far along is she?
If this is not the first pregnancy, during the previous pregnancy:
_ How long was she in labor before delivery?
_ Were there any complications?
_ Was the delivery vaginal or surgical?
If post delivery, is the baby breathing?

SIMULTANEOUS ALS/BLS

Dispatch

Unconscious/not breathing normally.
Imminent delivery.
Delivery.
Vaginal bleeding with fainting.
Fainting/near fainting with patient sitting up.
Prior history of complicated delivery.
Bleeding, greater than 20 weeks pregnant.
Premature active labor greater than 4 weeks premature.
Abdominal injury, if greater than 20 weeks pregnant.
Seizure.

BLS DISPATCH

Delivery not imminent.
Vaginal bleeding without fainting if under 20 weeks pregnant.
Abdominal injury, if less than 20 weeks pregnant.
Water broke.
Pregnant less than 20 weeks or menstrual with any of the following:
_ Cramps
_ Pelvic Pain
_ Spotting

PREGNANCY / CHILDBIRTH Pre-Arrival Instructions

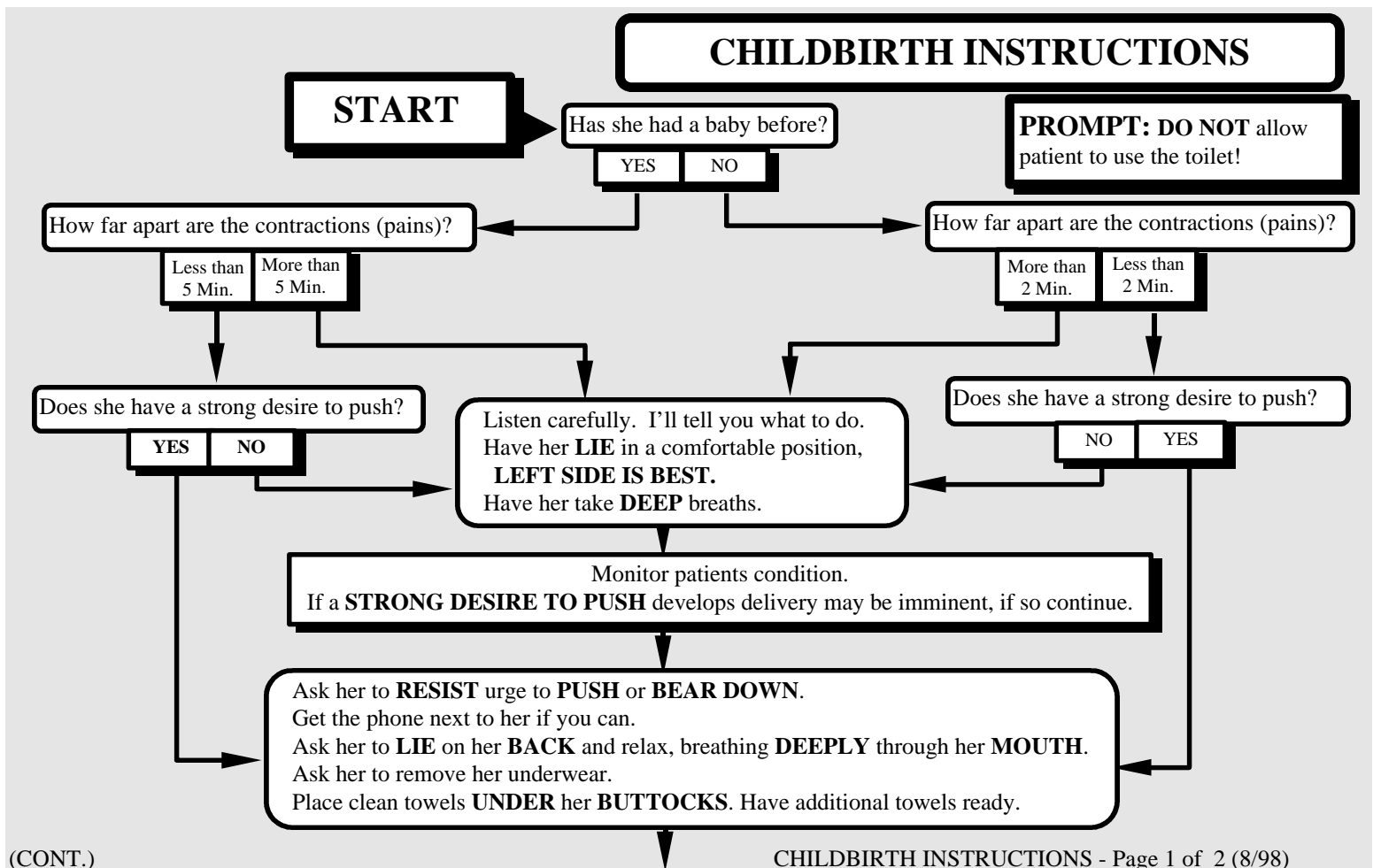
Do not use the toilet.
 Have the patient lie down on her left side.
 Keep the patient warm.
 Gather patient medications, if any.
 Do not flush toilet or dispose of used pads.
 If the patient's condition changes, call me back.

Prompts

If unconscious, go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
 If unconscious, NOT breathing normally, go to CPR for appropriate age group.
 Imminent and post delivery, go to CHILDBIRTH instructions.

Short Report

Age
 Sex
 Specific location
 Chief complaint
 Pertinent related symptoms
 Medical/Surgical history, if any
 Other agencies responding
 Any dangers to responding units



<<< If she starts to deliver (water broken, bloody discharge, baby's head appears) >>>

The baby's head should appear first. **CRADLE** it and the rest of the baby as it is delivered.

DO NOT PUSH OR PULL.

There will be water and blood with delivery. **THIS IS NORMAL.**

When the baby is delivered, **CLEAN** out it's **MOUTH** and **NOSE** with a **CLEAN, DRY CLOTH.**

DO NOT attempt to **CUT** or **PULL** the cord.

Wrap the baby in a dry blanket, a towel, or whatever is handy, and place it between the mother's legs on the floor. Massage the mother's lower abdomen very gently.

If the baby **DOES NOT** start breathing on its own, rub its back or gently slap the soles of its feet.

If the baby **DOESN'T** begin breathing **IMMEDIATELY**, come back to the phone.

COMPLICATIONS with delivery

Baby delivered and **BREATHING**

Baby delivered and **NOT BREATHING**

GO TO CHOKING INFANT INSTRUCTIONS

<< When the placenta (tissue on the other end of the umbilical cord) is delivered. >>

WRAP IT. This delivery may take as long as twenty minutes.

Keep the placenta **LEVEL** or **SLIGHTLY ABOVE** the baby.

<< If there are complications (leg, arm, buttocks, or umbilical cord presenting) >>

REASSURE the mother. Tell her you have dispatched aid.

Ask her to remain on her **BACK** with her **KNEES BENT**.

Ask her to **RELAX** and **BREATHE** through her **MOUTH**.

Tell her **NOT TO PUSH**.

UNCONSCIOUS / FAINTING

State of New Jersey EMD Guidecards Version 8/98

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Is patient alert?
Is patient breathing normally?
Is this the first time today the patient has been unconscious?
Have you or anyone else tried to wake the patient up?
Has the patient taken any medication or recreational drugs with alcohol?
What was the patient doing before they became unconscious?
Did the patient have any complaints just before they became unconscious?
What were they?
Does the patient have any medical or surgical history? What?
How does the patient act when they sit up?
Is the patient able to respond to you and follow simple commands?
Can the patient answer your questions?
Has the patient been drinking alcohol?
Does the patient have a medic alert tag?
_ If yes, what does it say?

SIMULTANEOUS ALS/BLS

BLS DISPATCH

**D
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Unconscious/not breathing normally.
Multiple fainting (syncopal) episodes (same day).
Confirmed unconscious/unresponsive at time of call.
Combined drugs and alcohol overdose.
Difficulty breathing.
Fainting associated with:
Headache, Chest pain/discomfort/palpitations. Diabetic,
GI/Vaginal Bleeding, Abdominal pain, Sitting/Standing, or
Continued decreased level of consciousness.
Single fainting if over 50 years.
Alcohol intoxication, can not be aroused.

Unconscious, but now conscious without critical symptoms.
Unconfirmed slumped over wheel.
Conscious with minor injuries.
Known alcohol intoxication without other drugs, can be aroused.
Near Syncope (fainting) without critical criteria.

UNCONSCIOUS / FAINTING

Pre-Arrival Instructions

Have patient lie down.
If patient is vomiting, lay patient on side.
Do not leave patient, be prepared to do CPR.
Gather patients medications, if possible.
If the patient's condition changes, call me back.

Prompts

Go to UNCONSCIOUS/BREATHING NORMALLY AIRWAY CONTROL
If unconscious, NOT breathing normally, go to CPR for appropriate age group.

Short Report

Age
Sex
Specific location
Chief complaint
Pertinent related symptoms
Medical/Surgical history, if any
Other agencies responding
Any dangers to responding units

UNCONSCIOUS PATIENT AIRWAY CONTROL INSTRUCTIONS

(NON-TRAUMA) BREATHING NORMALLY

START

Listen carefully. I'll tell you what to do.
Roll the patient on their side.
Check for normal breathing until help takes over.
Watch for the chest to rise and fall.
Put your cheek next to the nose and mouth to listen and feel for the air movement.

Patient vomits.

Patient stops breathing normally.

GO TO CPR INSTRUCTIONS FOR AGE GROUP

Turn the patients head to the side.
Sweep it all out of the mouth with your fingers.

Patient **NOW**
breathing
normally.

Patient **NOT**
breathing
normally.

GO TO CHOKING INSTRUCTIONS FOR AGE GROUP

UNCONSCIOUS PATIENT AIRWAY CONTROL INSTRUCTIONS

(TRAUMA) BREATHING NORMALLY

START

Listen carefully. I'll tell you what to do.
DO NOT MOVE the patient (especially head and neck) unless imminent danger to life.
Check for normal breathing until help takes over.
Watch for the chest to rise and fall.
Put your cheek next to the nose and mouth to listen and feel for the air movement.

Patient vomits.

Patient stops breathing normally.

GO TO CPR INSTRUCTIONS FOR AGE GROUP

DO NOT turn the patients head.
Sweep it all out of the mouth with your fingers.

Patient NOW
breathing
normally.

Patient NOT
breathing
normally.

GO TO CHOKING INSTRUCTIONS FOR AGE GROUP

UNCONSCIOUS AIRWAY CONTROL - Page 2 of 2 (8/98)

GUIDELINES TO REQUEST AN ON-SCENE HELICOPTER

Air transportation should be considered when emergency personnel have evaluated the individual circumstances and found any one of the following situations present.

ENVIRONMENTAL FACTORS

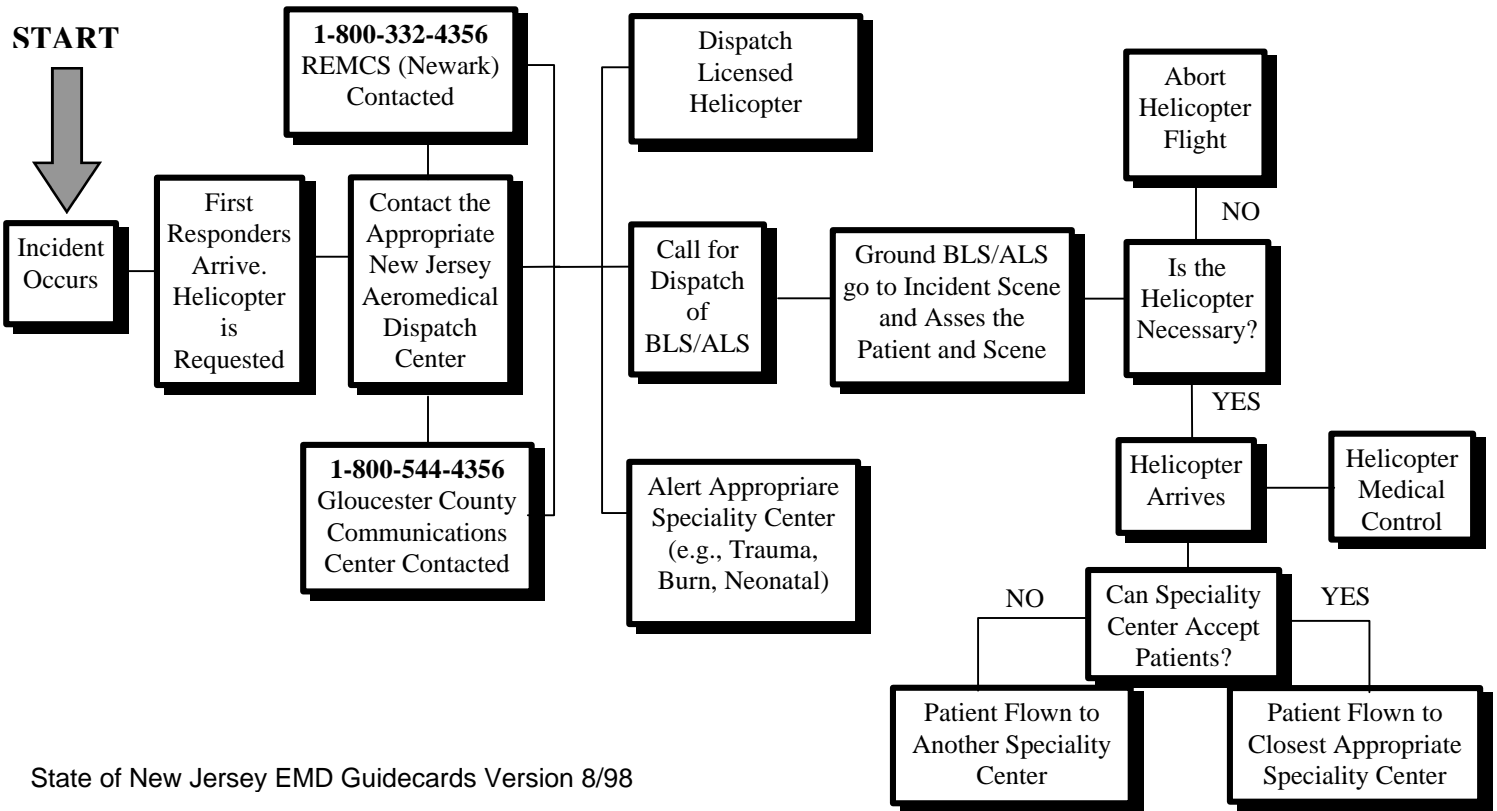
- The time needed to transport a patient by ground to an appropriate facility poses a threat to the patients survival and recovery.
- Weather, road, and traffic conditions would seriously delay the patient's access to Advanced Life Support (ALS).
- Critical care personnel and equipment are needed to adequately care for the patient during transport.
- Falls of 20 feet or more.
- Motor vehicle accident (MVA) of 20 MPH or more without restraints.
- Rearward displacement of front of car by 20 inches.
- Rearward displacement of front axle.
- Passenger compartment intrusion.
- Ejection of patient from vehicle.
- Rollover.
- Deformity of a contact point (steering wheel, windshield, dashboard).
- Death of occupant in the same vehicle.
- Pedestrian struck at 20 MPH or more.

INDICATORS OF SEVERE ANATOMIC OR PHYSIOLOGIC COMPROMISE

- Unconsciousness or decreasing level of consciousness.
- Systolic blood pressure less than 90 mmHg.
- Respiratory rate less than 10 per minute or greater than 30 per minute.
- Glasgow Coma Score less than 10.
- Compromised airway.
- Penetrating injury to chest, abdomen, head, neck, or groin.
- Two or more femur or humerus fractures.
- Flail chest.
- Amputation of an extremity.
- Paralysis or spinal cord injury.
- Severe burns.



New Jersey Aeromedical Dispatch Procedure



State of New Jersey EMD Guidecards Version 8/98

Name of Guidecard

State of New Jersey EMD Guidecards Version 8/98

Key Questions

Questions to ask the caller to determine what services need to be dispatched and what pre-arrival instructions are appropriate.

SIMULTANEOUS ALS/BLS

BLS DISPATCH

Dispatch

As soon as one of the key questions meet one of the criteria in this box an immediate ALS and BLS dispatch is warranted.

If no ALS criteria is met a BLS only dispatch is warranted.

<i>Name of Guidecard</i>	Pre-Arrival Instructions
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Instructions that are given to the caller that can be done prior to the arrival of emergency services. These instructions include basic first aid measures, choking instructions, CPR, and scene safety.

Prompts	Short Report
<p>During the course of interrogating the caller, information may be provided that would suggest another guidecard may be more appropriate than the current one being used.</p> <p>Issues relative to additional or special response necessary or scene safety may be reflected in this area.</p>	<p>Information that should be collected and relayed to responding units to paint a picture of the nature of the call.</p>

New Jersey EMD Guidecard Tab Placement

State of New Jersey Emergency Medical Dispatch Guidecards



Approved by the
State of New Jersey Department of Health and Senior Services
Office of Emergency Medical Services

Adopted by the
State of New Jersey Department of Law and Public Safety
Division of State Police
Office of Emergency Telecommunications Services
August 1998

9-1-1 NEW JERSEY'S
LIFELINE

ALL CALLERS INTERROGATION	ANIMAL BITES
ASSAULT / SEXUAL ASSAULT	BLEEDING / LACERATION
BURNS	EYE PROBLEMS / INJURIES
FALL VICTIM	HEAT / COLD EXPOSURE
INDUSTRIAL ACCIDENT	STABBING / GUNSHOT VICTIM
TRAUMATIC INJURY	VEHICULAR RELATED INJURIES
ABDOMINAL PAINS	ALLERGIES / STINGS
BACK PAIN	BREATHING PROBLEMS
CHEST PAIN	DIABETIC PROBLEMS
HEADACHE	HEART PROBLEMS
OD / POISONINGS / INGESTIONS	PSYCHIATRIC / BEHAVIORAL PROBLEMS
SEIZURES / CONVULSIONS	SICK PERSON
STROKE / CVA	UNKNOWN / MAN DOWN
CO POISONING / HAZMAT	CARDIAC ARREST
ADULT CPR INSTRUCTIONS ☎	ADULT CPR INSTRUCTIONS (CONT.)
CHILD CPR INSTRUCTIONS ☎	CHILD CPR INSTRUCTIONS (CONT.)
INFANT CPR INSTRUCTIONS ☎	INFANT CPR INSTRUCTIONS (CONT.)
LARYNGECTOMY/TRACH CPR INST. ☎	LARYNGECTOMY/TRACH CPR (CONT.)
CHOKING	ADULT CHOKING INSTRUCTIONS ☎
CHILD CHOKING INSTRUCTIONS ☎	INFANT CHOKING INSTRUCTIONS ☎
INFANT CHOKING INSTRUCTIONS (CONT.)	DROWNING (POSSIBLE)
ELECTROCUTION	PREGNANCY / CHILDBIRTH
CHILDBIRTH INSTRUCTIONS ☎	UNCONSCIOUS / FAINTING
UNCONSCIOUS AIRWAY CONTROL ☎	AEROMEDICAL DISPATCH PROCEDURE
SAMPLE GUIDECARD / DESCRIPTION	

STATE OF NEW JERSEY
EMERGENCY MEDICAL DISPATCH GUIDECARD TABS

DIRECTIONS FOR TABS:

- 1) CUT TABS BETWEEN ALL DOUBLE LINES CAREFULLY
- 2) FOLD TABS CAREFULLY ON DOTTED LINES
- 3) PLACE FOLDED TABS IN CORRECT GUIDECARD

PRINT ON WHITE PAPER

ALL CALLERS INTERROGATION	AEROMEDICAL DISPATCH PROCEDURE
	(UNCONSCIOUS AIRWAY CONTROL)
SAMPLE GUIDECARD / DESCRIPTION	
(AEROMEDICAL DISPATCH PROCEDURE)	(SAMPLE GUIDECARD / DESCRIPTION)

PRINT ON PINK PAPER

	ANIMAL BITES
	(ALL CALLERS INTERROGATION)
ASSAULT / SEXUAL ASSAULT	BLEEDING / LACERATION
(ANIMAL BITES)	(ASSAULT / SEXUAL ASSAULT)
BURNS	EYE PROBLEMS / INJURIES
(BLEEDING / LACERATION)	(BURNS)
FALL VICTIM	HEAT / COLD EXPOSURE
(EYE PROBLEMS / INJURIES)	(FALL VICTIM)
INDUSTRIAL ACCIDENT	STABBING / GUNSHOT VICTIM
(HEAT / COLD EXPOSURE)	(INDUSTRIAL ACCIDENT)
TRAUMATIC INJURY	VEHICULAR RELATED INJURIES
(STABBING / GUNSHOT VICTIM)	(TRAUMATIC INJURY)

PRINT ON BLUE PAPER

ABDOMINAL PAINS (VEHICULAR RELATED INJURIES)	ALLERGIES / STINGS (ABDOMINAL PAINS)
BACK PAIN (ALLERGIES / STINGS)	BREATHING PROBLEMS (BACK PAIN)
CHEST PAIN (BREATHING PROBLEMS)	DIABETIC PROBLEMS (CHEST PAIN)
HEADACHE (DIABETIC PROBLEMS)	HEART PROBLEMS (HEADACHE)
OD / POISONINGS / INGESTIONS (HEART PROBLEMS)	PSYCHIATRIC / BEHAVIORAL PROBLEMS (OD / POISONINGS / INGESTIONS)
SEIZURES / CONVULSIONS (PSYCHIATRIC / BEHAVIORAL PROBLEMS)	SICK PERSON (SEIZURES / CONVULSIONS)
STROKE / CVA (SICK PERSON)	UNKNOWN / MAN DOWN (STROKE / CVA)

PRINT ON GREEN PAPER

CO POISONING / HAZMAT	CARDIAC ARREST
(UNKNOWN / MAN DOWN)	(CO POISONING / HAZMAT)
ADULT CPR INSTRUCTIONS ☎	ADULT CPR INSTRUCTIONS (CONT.)
(CARDIAC ARREST)	(ADULT CPR INSTRUCTIONS ☎)
CHILD CPR INSTRUCTIONS ☎	CHILD CPR INSTRUCTIONS (CONT.)
ENTRY POINT FROM ADULT CHOKING INSTRUCTIONS	(CHILD CPR INSTRUCTIONS ☎)
INFANT CPR INSTRUCTIONS ☎	INFANT CPR INSTRUCTIONS (CONT.)
ENTRY POINT FROM CHILD CHOKING INSTRUCTIONS	ENTRY POINT FROM INFANT CHOKING INSTRUCTIONS
LARYNGECTOMY/TRACH CPR INST. ☎	LARYNGECTOMY/TRACH CPR (CONT.)
(INFANT CPR INSTRUCTIONS – CONT.)	(LARYNGECTOMY/TRACH CPR INST. ☎)
CHOKING	ADULT CHOKING INSTRUCTIONS ☎
(LARYNGECTOMY/TRACH CPR - CONT.)	(CHOKING)
CHILD CHOKING INSTRUCTIONS ☎	INFANT CHOKING INSTRUCTIONS ☎
(ADULT CHOKING INSTRUCTIONS)	(CHILD CHOKING INSTRUCTIONS)
INFANT CHOKING INSTRUCTIONS (CONT.)	DROWNING (POSSIBLE)
(INFANT CHOKING INSTRUCTIONS)	(INFANT CHOKING INSTRUCTIONS – CONT.)
ELECTROCUTION	PREGNANCY / CHILDBIRTH
(DROWNING - POSSIBLE)	(ELECTROCUTION)
CHILDBIRTH INSTRUCTIONS ☎	UNCONSCIOUS / FAINTING
(PREGNANCY / CHILDBIRTH)	(CHILDBIRTH INSTRUCTIONS)
UNCONSCIOUS AIRWAY CONTROL ☎	
(UNCONSCIOUS / FAINTING)	